







# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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## NEW YEAR.

Another year has rolled by and the Indian Homeopathic Review by the grace of God has launched in the twenty-third year of its existence. Homeopathy has made steady progress in the past year. Calcutta, in fact the whole of Bengal, has realized the utility of Homeopathy. Homeopathy has become a byword everywhere. In every village and in every home we find a homeopathic medicine box and a small brochure on Homeopathy. But we regret to find Bombay, Madras and the other provinces of India lagging behind in this respect. Homeopaths all over the world are busy with their homeopathic propaganda. The International Homeopathic Council is doing a lot of good work for the cause of Homeopathy.

The Calcutta Homeopathic Hospital is doing very good work. It remains to be seen how the indoor department will be managed this year.

Wishing all our patrons, colleagues and contributors a most happy and prosperous new year, we begin our work once again.

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## NATRUM SULPHURICUM.

*Natrum sulphuricum*, Sodium sulphate or Glauber's salt is a grand remedy. We consider it a polychrest and also as an antipsoric or antisycotic remedy. Grauvogel in his text book considers it a remedy for the hydrogenoid constitution. Its sphere of action is very wide and its curative power is extensive. Sulphate of soda is obtained in various springs and is used and abused as a medicine. It predominates in the warm springs of Karlsbad in Germany, and in many other places in England and Wales. It is one of Schusseler's tissue remedies. Homeopathic provings have been made by competent authorities of our school. Its symptoms are verified in clinical applications of it in various diseased conditions.

1. It is a medicine for periodical headache. Pressure in forehead, particularly after meal, as if the forehead would burst.

Headache after sunset ameliorated by pressure of the hand but aggravated by reading and thinking. Top of the head felt hot.

Pain in coronal region. Occipital headache. Headache with malarial symptoms.

2. In diseased state of the eye it is a good remedy. Chronic conjunctivitis, blepharitis and granular condition of the lids, caused and aggravated by cold. Photophobia.

3. Dr. Miller found it useful in catarrh of the posterior nares, sneezing, and fluent coriza, dryness and burning in nostrils and itching of wings of the nose,

4. Toothache, throbbing with restlessness ; it is ameliorated by taking cold water in the mouth and also by cool air and tobacco smoke. Aggravated by warmth and hot drinks.

5. In dyspepsia and diarrhoea its usefulness is unique. We have been able to cure many cases of dyspeptic derangements

in their various forms. From stomach downwards it has its special affinity. Vegetables, fruits, pastry and cold food and drinks cause diarrhoea. Loss of appetite, with great thirst. This Hering considers to be a malarial symptom. Great desire for ice-cold water. Great nausea—vomiting first of acid and then of bitter substance. It often occurs in cases of hepatitis.

Stomach distended and heavy. Gastric disorder with acidity.

We have frequently had the opportunity of curing very obstinate cases of acidity by the higher potency of this remedy. Abdomen bloated with gas, griping and bruised pain in abdomen, better by kneading abdomen, violent colic, contractive pain and pinching and digging pain in the small of the back, as if bruised, awakens at 2 A. M., better by lying on the side.

A great deal of flatulence in abdomen; much rolling and rumbling; incarceration especially on the right side.

Bilious colic, violent pain, vomiting of bile. Typhlitis. We have used it successfully in a case of appendicitis guided by flatulence and pain in the right side and diarrhoeic stools. Tympanitis in bilious fevers, Dr. Hering considers it a remedy for tuberculosis abdominalis.

Morning diarrhoea on rising, sudden urging, gushing, accompanied with flatulence, stools spatter over the vessel, prostration, stools yellow, watery, green, yellowish green sometimes with blood.

Diarrhoea aggravated by cold, wet weather. We have cured so many cases of morning diarrhoea of various kinds that we think it almost a specific for such cases. Even obstinate cases of long standing were cured by a few doses of of the remedy in high potency.

Region of the liver is very sensitive to pressure. In chronic inflammation of the liver, and in sluggish liver, as it is

termed, this remedy is very useful. Dr. Raue records such a case cured.

6. In urinary organs, the efficacy of this medicine is often observed. Dr. Hering in his Guiding Symptoms records symptoms of diabetes mellitus which we do well to copy here.

Diabetes after a chill and attack of rheumatic fever brought on by getting wet year previous ; extreme emaciation, face sunken, chest flattened, ribs projecting, muscles of extremities soft and flabby, little but skin and bone ; tongue and gums bright red, the latter receding from teeth ; epigastrium distended and very sensitive : liver hypertrophied, bowels confined, faces grey, skin flacid, chest covered with erythema, dull pain in the region of the right kidney on pressure ; urine enormously increased 10 to 18 pounds daily, urine pale almost like water, at the same time something like whey, viscid, frothy on passing, with sour reaction, specific gravity 1003, quantity of sugar in it about  $5\frac{1}{2}$  per cent ; appetite and thirst inordinate ; sleep disturbed by frequent calls to urinate ; spirits low, extremely timid and anxious ; mind enfeebled, thinking faculty impaired ; felt weary and powerless, walking and all bodily movements difficult ; pain in ankle joints ; heaviness of feet ; in morning fatigue and powerlessness ; all ailments are aggravated during rest, thirst excessive in forenoon, with internal chilliness, confusion of head, pressive pain in forehead, especially after every meal ; noises in ears, sometimes vertigo, followed by nausea and difficulty in swallowing.

This is a true picture of a very severe form of diabetes mellitus.

Urine burns when passing. Yellow sediment in the urine. Gravel and sandy deposit in urine.

7. In the genital organs of man it is a very useful

remedy. Gonorrhœa many a time shows signs of severe constitutional disturbance which is named as sycosis.

Gonorrhœa, yellowish and greenish discharge of thick consistency ; little pain, sycosis, chronic and suppressed gonorrhœa, enlarged prostate mucus and pus in urine. In female thick and bad smelling leucorrhœa. Menses profuse, acrid, generally late, first day profuse.

8. Natrum sulph is a chilly remedy ; so it is very useful in catarrhal state of the respiratory tract. Short breath with pain in the left chest. Various kinds of asthmatic attack are amenable to this medicine. Humid asthma. Dry cough with soreness of chest, coughs and colds in hydrogenoid constitution.

9. Extremities. Various sorts of pain, of a rheumatic or neuralgic character in both extremities. Paronichia. Blisters filled with watery pus, sciatica, podagra—acute and chronic.

10. Skin eruptions of various kinds, itching more after undressing and at night. Jaundice, œdematous inflammation of skin.

11. Fever. Internal chill from 4 to 8 P. M. Chill predominating. Heat in the afternoon. Malarial fevers with digestive derangements. Bilious remittent fever ; sweat without thirst.

We have used Natrum sulph. very freely in various states of the system. When well indicated by symptoms, its efficacy is prompt and permanent.

In cases of diarrhœa and colic we are invariably successful with this remedy. Morning diarrhœa driving the patient from bed, rumbling and flatulence and other symptoms. It resembles Sulph. very closely.

In diabetes and polyuria it is allied to Ferr. Phos. Thuja resembles it in hydrogenoid constitution. It compares favorably with Silicea in chills and respiratory troubles.

Dr. Burnett had a case of *Phlegmatia alba dolens* reported in 33rd volume of the British Journal of Homeopathy.

Grauvogl's case of cervical glandular swelling is instructive.

About the potency. I was in the habit of prescribing it in the 30th potency from my younger days. But the higher potencies from 200th and upwards gave me prompt and permanent cures in single doses.

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### THE GUIDE TO THE REMEDY. \*

The fundamental doctrine in homeopathic therapeutics is the doctrine of individualization, but even more fundamental is the idea of the patient from which it undoubtedly has sprung.

That man becomes sick primarily in the internals—in his will and understanding (intellect), which form the real individual—the sickness gradually spreading from the innermost to the outermost is the basic truth which has made Homeopathy a distinct science of therapeutics.

The homeopathic physician consequently,—  
views pathological tissue-changes as results or ultimates;  
looks to the first things to perceive connection and correspondence in a case of sickness.

tries to perceive how the entire man has been changed, from first to last—from the mind to the tissues—stamping his individuality upon that particular kind of sickness.

Accordingly, he looks for signs and symptoms that are strange, rare and peculiar, because these relate to the individual and not to the kind of sickness in hand.

These, again, in their totality furnish the healing-artist

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the means to understand wherein the patient can be changed, or in the language of the master : "What is curable in him.

As is a sick man—a patient, so is a sick-making substance—a thoroughly proved drug.

The former stamps his individuality upon a case of sickness, making it quite distinct from every other case ;

The latter also behaves similarly, for while it affects man in health through and through—from the mind to the hair and the nails—it has a strange and peculiar way of doing it, quite different from any other drug in the entire *materia medica*.

What is it but the inner nature of the drug—almost resembling the will and understanding of man—that has made it quite a distinct entity !

So it is that same vitalistic doctrine underlying the conception of the patient that explains the individuality of the drug. This individuality is expressed by symptoms uncommon, rare and peculiar which in their totality distinguish it from all the others and enable the physician to perceive its capacity to change a similar disordered condition, or in the words of Hahnemann : "What is curative in it."

By close individualization of the symptoms,—

of the patient and—

of the drug, a homeopathic prescription is made according to—

the Law —*Simila Similibus Curantur*, the drug thus selected being the curative remedy.

From the very conception of the patient it follows that if he is to be cured thoroughly and permanently, he must be cured from the innermost to the outermost—from cause to effect, from centre to circumference. In fact, that is the order of cure, as of sickness.

Thus the homeopathic physician determines the curative

action of the prescribed remedy if the symptoms disappear,—

1. from within outwards ;
2. from above downwards ;
3. in the reverse order of their appearance.

1. From within outwards is from the innermost to the outermost—from the mind to the body. Speaking more externally, we say,—

2. from above downwards—from the head to the extremities, from more important to less important organs or parts.

When eruptions appear on the skin and mind symptoms improve, or—

gouty swellings increase on the joints with amelioration of heart trouble, does it not demonstrate that the patient is being healed from above downward—from the centres of life out to the circumference ?

When a remedy takes the natural outward course, it indicates that it is related to the entire patient from first to last, and that it has taken a deep hold on him.

3. When symptoms depart in this order, it indicates that a thorough overhauling is in process within the economy under the searching action of the remedy.

The last symptoms were possible only because the first were not cured or were suppressed. They are off-shoots of the main stem and unless the axe has been laid to the root, they cannot have shrivelled and withered. The first—or the old—symptoms then reappear on the scene only to reveal that the root is up and that it is a question of a few days or weeks for it, also, to shrivel and wither in turn.

The first and all succeeding symptoms to the last make up the complete image of a case and the reappearance of the first, or old ones, followed by their final subsidence only

illustrates the natural order of cure from within outwards, from cause to effect, from centre to circumference.

The crude drug cannot reach the vital plane in which the real sick individual lies—the plane of disease-cause, and the remedy must be in a form subtle enough to operate on causes that lead to ultimates.

As ultimates cannot reveal the sick individual and we must go to the causes that have led to the ultimates, so also the crude form of the drug cannot reveal its inner sick-making nature hidden within its cause that has given it its form.

The inner nature is unfolded gradually by the process of potentization as the nearest approach to its cause or simple substance is made.

All causes are in the simple substance which exists only in degrees of fineness, for quantity can never be predicated of it; as the innermost of the patient has similarly the series in degrees, the remedy to correspond to this must also be administered in potencies of various grades or degrees.

K. N. BANERJEE.

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## Clinical Records.

P. C. MAJUMDAR, M. D.

1. *Mastoid Disease*.—S. Bhattacharyya, aged 24 years, strong and dwarfish looking, came under my treatment with great inflammation and pain in the region of the mastoid process.

Swelling dusky red, above and on the sides of the ear, left side.

Excruciating pain increased by touch and at night, ameliorated by application of warm water and poultices.

Pain of a burning and stitching character; fever high, temperature ranging between 103 and 105. Aggravated in the morning, attended with shivering, great thirst, chilly feeling the whole day, except at night when some burning and slight sweat reduces the temperature.

Belladonna and Merc. Sol. had been tried by another homeopath without much relief. Capsicum 30, one dose, three times a day. Next morning the temperature was 100 F. and suffering much reduced.

Three Placebo powders that day and the next morning swelling reduced and fever entirely gone. No more medicine.

2. *Anæmia and Diarrhœa*.—A young lady, after her second delivery, had been a victim to digestive derangements—acidity and heart-burn, diarrhœa and occasional vomiting of food, crampy pains in stomach, much flatulence, desire for undigestible and harmful food.

In the morning from 4 to 10 A. M. she had five to eight stools, thin, watery and gushing, mixed with undigested food of the previous day. In the afternoon and night seldom any stool. Disgust for rice, fish and ordinary and wholesome food. No fever, urine scanty and high-coloured. She was a perfect picture of anæmia, the conjunctiva white and bloodless, yellow and greasy appearance of the face.

Aloes 200, one dose and Sac lac. For two or three days she was much better. Again she had diarrhœa as before and much flatulence and colic.

Natrum sulph 30, twice daily, for three days. She improved under this medicine but soon relapsed. Desire for harmful food increased to a great extent, so much so that she took some without the knowledge of the husband, but it was detected in the food. Ferrum met. 30 cured her in a week.

3. *Insanity*.—Babu—M.S., a strong built young man, very much addicted to public lectures and *swadesi* movement, came under my care on the 20th of July 1910 for mental derangement. He showed the following symptoms :—

Unable to fix his mind on any subject, great confusion.

Thinks he is surrounded by enemies, and they are trying to arrest him. As if he is pursued by the police and they try to put him to great molestation. Excessive redness of face when excited and slight perspiration on the face. When any body, even his former friend approaches him, he is suspicious that his former friend comes to put him to troubles. Great nervous and mental prostration.

Insomnia and loathing for food. Occasional nose bleed and headache.

He had been under allopathic and Kabiraji physicians for some time.

I gave him a dose of *Melilotus alba* 3x, morning and evening, for three days with much relief of the symptoms. He was cured and remains a sane and useful young man upto the present time.

## JAUNDICE.

Icterus or jaundice is a most common disease and is sometimes very difficult of cure. It is characterized by the yellow coloration of the skin and sclerotica and by the presence of bile pigment in the urine. These symptoms are due to the appearance of biliary substance in the blood. There are two forms of jaundice described viz : (1) the simple or benign form and (2) the malignant form.

It may be caused by various conditions of the body. Some people are predisposed to jaundice and they say they are bilious subjects and any irregularities in food, slight indignation, anger or other mental disturbances cause in them symptoms of jaundice, obstruction of the bile duct or malignant disease of the liver often attended with yellowness of the skin and conjunctiva.

In the simple or common form of the disease we find anorexia, malaise and feverish disturbance in the beginning which is followed by general yellowness of the whole body. Pain in abdomen, usually constipation and sometimes diarrhœa—the stool is devoid of natural colour—either white or of clay colour. In jaundice we generally notice slow and weak condition of the heart which is marked by slow pulse.

Itching of the skin is a very common and distressing symptom. Vomiting of bile or mucus may be found. When the patient recovers, appetite returns, bowels become regular and at last yellowness disappears. In ordinary jaundice this is attained generally in the course of a week. Malignant form of the disease is characterised by severe and dangerous symptoms, viz : alarming and continued hæmorrhage and cerebral symptoms.

**Treatment.** The common or simple form of jaundice is curable which is easily accomplished by a few indicated homeopathic remedies. *Nux vom*, *Merc. sol*, *Chamom.*, *China*, *Lachesis*, *Digitalis* and *Chelidonium* are sufficient.

*Nux vom.* is indicated by anorexia, constipation, irritable mind and slight pain in the region of the liver and fever. A few doses of the higher potency are sufficient to set the patient right.

*Chamomilla* on the contrary is marked by diarrhœa and colic, wind in the stomach and great restlessness. If jaundice is caused by anger or indignation, it is the first medicine to be sought for.

*China* is a great remedy. Great debility, diarrhœa of undigested food, yellowness of conjunctiva and face, pain in hepatic region, aversion to many kinds of food. A few doses of the zooth potency are sufficient.

Some physicians recommend *China* and *Mercurius* in alternation in cases of jaundice. It is not a good practice. Though it is efficacious as a rule, yet we believe one of them according to symptoms is sufficient for a cure ; two remedies are not needed.

Serpent poisons are very useful in cases of jaundice, in both the common and malignant forms of the disease. *Lachesis*, *Naja*, *Crotalus* and *Vipera* have been often indicated. They all have some common symptoms but finer shades of symptoms must be marked out for individual application. They have all constipation, pain in hepatic region, burning and cutting pain.

Dr. Baher recommends very highly the efficacy of *Digitalis* in jaundice. Diarrhœa with white stools, pain in the region of the liver, urine scanty and high-colored, palpitation and slow action of the heart are its indications. Fever is often present in such cases. Some are inclined to give the lower potencies such as the 3rd or the 6th decimal and even the tincture or infusion, while others recommend the zooth and the higher.

*Chelidonium* is an important remedy in all disorders of the liver. It is specially useful in cases of jaundice. The color of *Chelidonium* is yellow and it led Radmacher to use this remedy in jaundice when the color of the skin becomes yellow. Itching of the skin,

diarrhoea, pain in the region of the liver which shoots up to shoulder, and white or greenish yellow stools are its indications.

Ricinus has been recommended by many as a curative remedy in cases of jaundice. It is applicable in cases of jaundice with diarrhoea or dysenteric symptoms. We have used it in a few cases.

Phosphorus is pre-eminently a medicine of the liver. Its pathogenesis is full of symptoms indicating various disorders of the liver, from a simple congestion to yellow atrophy of the liver. Jaundice of a malignant type is its proper therapeutic sphere. Persistent vomiting especially a little after food or drink, greenish diarrhoea and even hæmorrhage from the bowels are some of its indications. Fever, delirium and utter prostration are noticed.

Hæmorrhagic cases of jaundice are very serious. Here Lachesis is a great remedy. Delirium, stupor with blackish skin and a grave form of adynamia are often present.

Great care is necessary in the selection of food. Animal food is strictly forbidden. Fruits and vegetables are very good. Grape juice, all kinds of cereals and curd or *ghole* are grateful.

## CEREBRO SPINAL MENINGITIS CURED.

P. C. MAJUMDAR, M. D.

A young girl, about 5 years old, came under my treatment on the 3rd of January, 1914. She had an attack of fever ten days before and from the first was under the treatment of a local homeopathic physician.

When I saw her, the temperature in the morning was 103 and in the evening 105. The girl was in a comatose condition with complete unconsciousness. Abdomen puffed up to a great extent with gurgling noise now and again. Sordes on the teeth, tongue dry and red. The patient lay on her back in perfect rest with occasional jerking of the head and twitching of limbs and facial muscles.

Breathing slow and stertorous, sometimes coughing. On

examination of the chest there were found mucous and sibilant rales audible over the left upper chest, and crepitant rales on the lower. Respiration labored and sometimes heaving.

Eyes red and the pupils slightly dilated, often half-closed.

There was diarrhoea with profuse dirty yellow watery stools, passing of much flatus at the time of stool, tympanitis remaining as before. Did not take her nourishment well. Much thirst, gurgling when drinking.

Pulse small and frequent, heart sound weak. Nux mosch 30, three times a day. The next day the fever was less and comatose condition somewhat relieved but breathing hurried and some incoherent talks.

Antim Tart 6, one dose every six hours. For two days I heard nothing from the patient, when I was suddenly called again. I found the patient in a bad condition; diarrhoea increased and pulse flickering, though consciousness returned to a great extent and temperature gone down.

China 200, one dose and Placebo. Next day the condition of the patient improved in every respect; temperature came down to normal and consciousness returned. Some cough and weakness remained.

Placebo, one powder, thrice daily. Tympanitis gone and diarrhoea stopped. Fever rose up to 101 F. in the evening. The patient wanted more food. I gave her barley water and whey. Continued improving and Placebo was continued three times a day.

The girl was completely cured in the course of three weeks. Very weak and not much appetite. One dose of Psorinum 400 was the last medicine and no more.

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## Therapeutic Notes.

**Nasal Catarrh.**—There are many remedies useful in cases of nasal catarrh. There are acute and chronic forms of this disease. Medicines are to be selected accordingly.

In acute form—Aconite, Arsenic, Dulcamara, Allium cepa, Kali Iod, Sinapis nigra and alba are useful.

In chronic form of the disease Pulsat is the leader. It affects the nasal mucous membrane in a profound degree. It should not be given when there are sneezing and watery discharge from the nose. But when the cold is "ripened", that is when the discharge is thick, bland, muco-purulent and of yellowish or yellowish green color, Pulsat must be given. Mental symptoms are very prominent here also. When the patient gets relief in open air, it is much more indicated. Here from this symptom also we differentiate Pulsat from Cyclamen. The latter has all the symptoms of catarrh like the former, only that its patient is worse in open air; in fact there is strong aversion to open air.

In post nasal catarrh, that is when discharge is profuse through posterior nares, Spigelia, Hydrastis and Theridion are very often indicated.

**Fever Blisters.**—This condition is often found in cases of fever both remittent and intermittent. Our Hindu physicians have an idea that when these appear, there is the end of the fevers.

Natrum mur is pre-eminently a very great remedy in these cases. It is called hydroa-labialis. All the natrum mur fever symptoms are the true indications for herpes labialis.

Hepar s, Rhustox and to a certain extent Arsenicum also are very useful in fever blisters. Hepar s. relieves the patient at once and prevents its return. It is truly a curative remedy.

Rhustox is useful in remittent type of high fever, rheumatic pains and aggravation from cold water and bad food.

**Chorea.**—It is often a very troublesome disease, but its homeo-

pathic therapeutics is wonderful. We have been able to cure many cases.

*Agaricus mus* is a very valuable remedy in cases of chorea, odd motion of the whole body. Eyelids are quivering and there is icy feeling in the eye.

*Tarentula* is another important medicine in chorea. The movement is more confined to the hands and feet, especially the right ones. It persists even during sleep.

Dr. Farrington cited a case of chorea movement in a little girl; the motions were removed by *Mygale*.

**Biliary colic.**—Whether it is from simple obstruction or from biliary stones, it is often a very painful disease. We have often met with such cases in those who are very irregular in their meals. It is not only the bad food but the time of meal and rest after meals are essential in warding off the disease. In our *Materia Medica* we have numbers of medicines for this ailment. *Belladonna*, *Berberis*, *Nux vom*, *Podophyllum*, *Lycopod* and *China* are worthy of mention.

We have cured two very severe and agonizing cases of colic with *Lycopod* c.m. potency. In both cases stones were about to be formed we believe. Both these patients were young and hard working. Another case was that of an elderly gentleman, an educational officer, whose duty was to make extensive tours. In this case numbers of small calculi were felt by palpation. He had jaundiced eyes, emaciated appearance and white semi-solid stools, *Podophyllum* was the curative remedy. This is a wonderful case. Many physicians and surgeons were consulted before me and they were all of opinion that nothing could be done without operation. Even a few homeopaths were also consulted but they did not take up the case as these stones were foreign bodies, and must be removed by operation, and cure with medicines was not possible.

Dr. Howard gives the following symptoms from his proving. The muscles of the face twitch, the mouth and eyes open and close in rapid succession; cannot put the hand to the face, it is arrested midway and jerked down. Gait unsteady; legs in motion while sitting

and dragged while attempting to walk ; constant motion of the whole body.

Zizia.—Choreic movements continue during sleep. We have cured a young child with this medicine guided by the symptom that movement does not cease during sleep.

## WHAT IS SCIENTIFIC MEDICINE ? A REFUTATION AND A STATEMENT.

BY JAMES KRAUSS, M. D., BOSTON, MASS.

When a professor of clinical medicine puts Homeopathy, Eclecticism, Osteopathy, Electrotherapy, Christian Science, Emmanuel Movement, Hydrotherapy, Chiropractics, Viteopathy, Magnetic Healing, Suggestive Therapeutics, Naturopathy, Massotherapy, Physiotherapy together as fads with minor fads, as Doctor Anthony Bessler does in the August number of the Medical Times, and does it as a scientific physician in the name of scientific medicine, one may be permitted to ask: What is scientific medicine? Who is a scientific physician?

Doctor Bessler considers Homeopathy and Hahnemann at length, and contends :

First, that a careful review of the fifth edition of Hahnemann's Organon of the Art of Healing, considered impartially, leads to "the conclusion that it is absolutely theoretical and dreamy, and not established on practical basis or knowledge of medicine in even the year that it was issued, namely, 1833 ;"

Secondly, that Hahnemann contradicts himself when he declares that "the cause of a disease ... is unrecognizable" and then declares that "the healing art is "an office of the higher human mind which discriminates and decides "according to causes ;"

Thirdly, that Hahnemann presents "nothing concrete"

and therefore is inconsistent when he says, "how to reach this result is taught by the Homeopathic Healing Art ;"

Fourthly, that Hahnemann is a charlatan when he says : "Our vital force, with spirit-like Dynamis, cannot be reached nor effected by a spirit-like (dynamic) process, resulting from the hurtful influences of hostile agencies from the outer world acting upon the health organism, and disturbing the process of life ;"

Fifthly, that Hahnemann makes "a ridiculous squib of like cures like" when "he states that measles bears a strong resemblance to whooping cough in regard to fever and the character of the cough ;"

Sixthly, that Hahnemann takes advantage of nature but gives the credit to the medicines ;

Seventhly, that Hahnemann built Homeopathy upon the following system, viz : "the real disease is located in the immaterial, spiritual vital force. The corporeal changes are only products of the disease, a physical projection. This physical projection ( signs and symptoms ) is all that can be realised by the senses and therefore, so far as the senses are concerned, it constitutes the disease itself, though it does not so in verity as a classification to all the diseases to which the human skin is heir to . . . there are two classes among the natural diseases . . . acute . . . and chronic," subdivisions of the latter being psora (  $\frac{7}{8}$  of all ), syphilis, sycosis, and no others of that group. Next are the drug diseases ( whatever they may mean ), and this is the whole system upon which Homeopathy is built ;"

Eighthly, that "the advance of medicine has proven without a shadow of doubt that the bases of Homeopathy are myths ;"

Ninthly, that the homeopathic school "have accepted the standards of the old school, the laboratory, surgery, and otherwise." and

Tenthly, that "full-grown men . . . continue the masquerade nom de plume of Homeopathy, and make commercial pabulum of it."

I am at a loss to understand how Doctor Bassler dares to present his stilted and corrupt translations as quotations from Hahnemann. Hahnemann's German is so clear, so forceful that it leaves no room for doubt as to his meaning.

It is time that we consider dispassionately the true facts and achievements of Hahnemann. To detract from the work, the character, the reputation of historic medical personages seems to be the special province of men who like to style themselves scientific but are unable or unwilling to weigh facts and to go to original sources for their information. It is the habit among such men to treat of Hahnemann as though he were a second rate, third or even, 'fifth rate individual. An impartial, critical study of the history of the science and art of medicine, however, gives a different conclusion. Hahnemann was not only a physician of the highest type, but a scholar, an investigator, and a thinker of the highest order. No other conclusion is possible when we take the pains to study Hahnemann's writings at first hand and not in the light of false, ill-considered tradition, kept alive by men who prate of science and know not what science is.

Doctor Bassler makes Hahnemann say that the cause of any disease is not recognizable when, in fact, in the Introduction to the Organon from which Doctor Bassler quotes and in paragraph 7, not to mention other paragraphs, of the Organon itself, which is the real issue of Doctor Bassler's argument, Hahnemann distinctly states that there are recognizable and unrecognizable causes of disease, and in the footnote to paragraph 7 he further adds that every sensible physician will, as a matter of course, remove recognizable causes. What Hahnemann said was that the hypothermic

"cause" or "causes" of disease, the imagined causes of disease, cannot be recognized.

Hahnemann's definition of the healing art is not that given by Doctor Bassler. "The true art of healing," says Hahnemann, "is that business of (intellectual) consideration which belongs to the higher (spheres of the) human mind, to the free (unfettered) power of reflective judgment, and to the power of understanding ( which is capable of ) choosing and deciding upon (good) reasons, (that business which is) to bring . . . abnormal activity . . . back to the norm of health." The understanding chooses and decides upon reasons, as Hahnemann says, and not according to disease causes, imagined or non-imagined, as Doctor Bassler makes Hahnemann say.

The contention that Hahnemann presents nothing concrete is groundless, because Homeopathy as he presented it is a concrete method of therapeutics. I am aware that Homeopathy has been considered and proclaimed under the general formula of "Like cures Like." This formula has been put into Hahnemann's mouth, iterated and reiterated by men like Doctor Bassler and others, but Hahnemann has never uttered it, never proclaimed it as his definition of Homeopathy. Hahnemann never declared that his method of Homeopathy was "Like cures like." If he did, let Doctor Bassler or any body else point out where he did. In paragraph 26, of the Organon, Hahnemann declares that "naturally a disease will be extinguished by another disease if this latter, varying from the former in kind and greater in strength, resembles the former in expression, which, of course, means, *in effect*, that is, resembles the former in its effects, or, to speak anatomically, affects the same parts of the organism. After referring to reported observations of such natural cures by Dezoteux, Leroy, Klein, Closs, Wendt, Muehry, Hardege,

J. Hunter, Bosquillon, Kortum, Hahnemann concludes, in paragraph 50, that we must follow nature's method, imitate her, and cure disease through symptomsimilarity. His own words are: "Heile durch Symptomenaehulichkeit !" Cure through symptomsimilarity is not "Like cures like." "Like cures like" is a rule which, on the face of it, would admit anything under the sun to be brought into curative similarity with anything else under the sun—an absurdity. Hahnemann contended that, in practical medicine, it is effects and not things, and effects only of a certain kind, symptoms present or produced in the human organism, that can be brought into curative similarity, and, therefore, he declared, that if we wish to follow nature's method we must cure disease through symptomsimilarity, and the method of curing disease through symptomsimilarity is Homeopathy. Hahnemann was not concerned with universal formulas as his predecessors had been, but was concerned with giving concrete, specific directions of a practical nature for the curative treatment of curable constitutional diseases.

Doctor Bassler's quotation on the "vital force" is absolutely false. Hahnemann clearly says, in paragraph 16, of his Organon, that "by noxious influences ( which are operating ) upon the healthy organism through hostile factors that disturb the harmonious process of life from external world, our vital force, as an immaterial force, cannot be laid hold of and affected *except* in an immaterial, dynamic manner," that is, through an immaterial, impalpable force; and, in paragraph 17, that "since,.....by the removal of the sensible signs and conditions of the disease, the fundamental, inner change of the vital force, that is, the disease, is removed at the same time, there follows that the physician has only to remove all of the symptoms in order to remove... the diseased alteration of the vital force...the disease itself."

It is conceivable that the explanation of disease as an alteration of the vital force should be such a stumbling block to the understanding of a common fact unless few people can think in terms other than those of their immediate time and surroundings, but such a state of mind cannot excuse a man posing as an impartial, careful critic of medical history. When Hahnemann calls the vital force spirit-like, "geistartig," dynamic, he wishes to impress the idea that the vital force is not palpable, not material, that it must be conceived in terms of an impalpable, invisible, immaterial force. Nobody will solve the question of the vital force, not even our Neo-vitalists, but we know that more than forty years after Hahnemann first published his *Organon* Virchow established human pathology on the basis of the cell as a unit, a microscopic structure endowed with almost invisible, certainly impalpable, immaterial, certainly not grossly material functions, cellular forces so minute that it was necessary for Ehrlich, about forty years after Virchow, and nearly a hundred years after Hahnemann, to devise the lateral chain theory to explain how these forces may be supposed to be affected. No true scientist will declare that Ehrlich's explanation actually explains. What it does do is this: It brings home to us the fact that minute forces can be influenced beneficially only by minute forces, even though Ehrlich does not appear to work on this basis. No true scientist will declare that receptors, haptines, haptophores, &c., are anything but conceptions to explain the union of minute chemical aggregates or simples with the minute protoplasmic structure of tissue cells, but men that call themselves scientific seem perfectly satisfied with Ehrlich and call his explanation scientific while they insist that Hahnemann's explanation of disease as an alteration of the impalpable, invisible, immaterial vital force that may be

impressed only by an impalpable, invisible, immaterial remedial force is not scientific.

With unconcealed satisfaction, Doctor Bassler quotes from paragraph 46, "as a ridiculous squib of like cures like," the statement of Hahnemann that measles bears a strong resemblance to whooping cough in regard to fever and the character of the cough." Why does Doctor Bassler not say that Hahnemann takes from Bosquillon, *Elemens de Medecine Pratique de M. Cullen traduits*, P. II. I. 3. Ch. 7, the reported fact that, in an epidemic of measles and whooping cough, many children, having recovered from measles, remained free from whooping cough ? Would it spoil the argument that Doctor Bassler is so anxious to put forth and convince fair-minded scientists that Hahnemann's "squib" was not a piece of firework thrown into his *Organon* without good authority ? Doctor Bassler, like a veritable *deus ex machina*, turns matters around at will, and asks : "Does having had whooping cough prevent the cough in measles ?" Why does he not stick close to the reported facts and to Hahnemann's statement ? If measles follows an attack of whooping cough, naturally measles will have its characteristic cough. In the very paragraph 46, from which Doctor Bassler makes his quotation, Hahnemann explains that the reason why in the epidemic under question only some and not all of those having had the measles could remain free from whooping cough was that measles and whooping cough resemble each other only partially.

That Hahnemann took advantage of nature, but gave the credit for cures to medicines is a contention in line with the medical notions of our extreme modern nature worshippers. It is strange that medical men professing to teach and to practise medicine can lack faith in medicine. They prefer to take the idea of immunity from its province of prophylaxis

and apply it, where it does not belong, to the province of therapeutics. It ought to be plain even to the most rabid nature worshipper that if individual nature should be given the credit for the medical cure of diseases she ought to have asserted herself for health before the medication, that if she did assert herself for health but could not reach it without medication the credit belongs to the medication. It ought to be plain to the most rabid nature worshipper that if individual nature could always assert herself for health before medication no medication would ever be needed, for there would be no disease, there would be uninterrupted health. A scientific physician adjusts his patient to the anatomic and physiologic requirements of hygiene and then applies the proper medication for medically curable or otherwise incurable pathologic conditions according to the proved tenets of scientific therapeutics.

It was not Hahnemann who extended his therapeutic method of Homeopathy to a pretended system of medicine, as Doctor Bassler asserts. After defining Homeopathy, in paragraph 50 of the Organon, as the therapeutic method of drug selection on the basis of symptomsimilarity, and after delimiting homeopathic therapeutics, in paragraph 70, to medically curable constitutional diseases, Hahnemann goes on, in paragraph 71, to state specifically that the business of curing disease consists, first, in the knowledge of what is to be cured ; secondly, in the knowledge of what is to cure ; and thirdly, in the knowledge of what is the most effective medical application for the cure. Then he devotes all the rest of the Organon to the elucidation of these three points of knowledge. It is upon the illustrations of this elucidation that men have built the erroneous belief, and, with the possession of men suffering from delusions, have insisted that Homeopathy is a system of medicine, complete in itself

and comprehensive for all medical purposes ; but these men have simply misread and made themselves assume things for which Hahnemann himself gave not the slightest warrant. In creating Homeopathy, Hahnemann created not a system of medicine, which in the nature of things would have been a temporary makeshift, but a therapeutic method, the method of symptomsimilarity, which is a specific permanent basic addition to the science and art of medicine. This method depends on the cognition of symptoms as disease effects and as drug effects. Doctor Bassler's own quotations give the proof that for medical purposes Hahnemann considered, and rightfully considered, symptoms and signs as the substance of pathology. Symptoms and signs are also the substance of pharmacology. In experimenting on his own person, Hahnemann discovered that drug effects are like disease effects, and if Doctor Bassler disbelieves, as he intimates that he does, the existence of drug diseases, let him subject himself to the experimental use of any active drug and he will soon experience the disease producing activity of the drug he is using. The basic pillars of Homeopathy are pathology on one side and pharmacology on the other side. Who but Doctor Bassler would declare that these independent sciences when used for Homeopathy, for symptomsimilarity, are myths, and when not used for Homeopathy but for symptomcontrariety or symptomdissimilarity are not myths ?

Anyone who can read will find, as I have already pointed out, that Hahnemann's classification of disease was merely for purposes of explanation, of illustration. Homeopathy, the therapeutic method of symptomsimilarity, was discovered before it was illustrated. Right or wrong illustrations cannot take the place of the subject they illustrate. Illustrations may enhance or diminish the understanding of a subject, but their absence does not remove the subject ; nor do illustrations make

a system of medicine; nor does a classification of disease make a system of medicine; nor did Hahnemann's classification of disease into natural and artificial, into acute and chronic diseases make a system of medicine. One needs only to read Hahnemann's work on Chronic Diseases to be impressed with the fact that more than thirty years before Pasteur discovered the first micro-organism known to inhabit the human body, the micrococcus ureæ, Hahnemann was imbued with the overwhelming importance that infection occupies in the causation of disease. This may not prevent Doctor Bassler from reiterating that Hahnemann's knowledge of medicine was behind that of the years in which he wrote, but we are concerned with plain facts, not with acrimonious fancies. Hahnemann's idea was that disease becomes chronic because of an underlying, unremoved state of infection. Infection, non-venereal, which he called psora, and venereal which he called syphilis and sycosis,—at his time neither chancroid nor gonorrhœa were fully separated from syphilis,—is the constantly recurring and reiterated thought throughout his work on chronic diseases. He traced the symptoms of chronic infectious disorders with such unerring power of observation that even to-day his description may be recognized as the best presentation extant of the many and varied subjective and objective symptoms of the chronic exogenous and endogenous intoxication; but even so, this work of Hahnemann does not represent and was not given to represent a system of medicine. Homeopathy was not built on a system and does not represent a system.

If Doctor Bassler had reviewed the Organon carefully and considered it impartially, as befits a truly scientific physician, he would have found that, in paragraphs 7, 77, 208, Hahnemann directed the removal of the disease cause when recognized; that, in the note to paragraph 67, and in the

paragraphs 262, 263, he directed the institution of palliative antipathic treatment for emergencies, when there is discomfort and danger to life ; that, in paragraphs 77, 150, 208, 262, 263, he directed the adjustment of hygienic elements to normal physiologic requirements ; that, in paragraphs 215, 224, 225, 226, he directed the institution of psychic treatment for non-somatic mental and normal diseases ; that, in paragraphs 13, 29, 186, he directed the institution of surgical treatment for primary local diseases ; and that, in paragraph 186, &c., he directed the institution of homeopathic curative medical treatment for constitutional diseases with or without secondary lesions ; that, a hundred years ago, Hahnemann hardly differed in the circumscription of the various physical, psychical, surgical and medicinal measures from the best scientific practice of our day. This completely disproves the contention that Hahnemann, in creating Homeopathy, created a special system of medicine. What he created was a therapeutic method. The foregoing facts further disprove the ill-natured contention of Doctor Bassler that "the homeopathic school have accepted the standards of the old school, the laboratory, surgery, and otherwise," and that "full grown men continue the masquerade nom de plume of Homeopathy, and make commercial pabulum of it," for, if the homeopathic school follows in the footsteps of Hahnemann, as even Doctor Bassler acknowledges that it does, that school cannot be said to have accepted anew what it has never forfeited or relinquished, and men competent in the practice of Homeopathy cannot be said to "continue the masquerade nom de plume of Homeopathy and make commercial pabulum of it. The question is a matter of competence. Why should a man particularly competent in the practice of the homeopathic method of medical therapeutics not be accorded the right to call himself a homeopathic practitioner when another man particularly

competent in the practice of the mechanic methods of surgical therapeutics is accorded the right to call himself a surgical practitioner? The fact that a man is a surgeon does not deprive him, and should not deprive him of the right to use medical methods, and the fact that a man is a homeopathic practitioner cannot, in the nature of things, and should not, in medical justice, deprive him of the right to use other medical methods, or surgical methods, when homeopathic treatment is not indicated.

The justification of the existence of the homeopathic school, I take to be that it carries the truth of Homeopathy to general recognition. The possession or the conviction of having a truth of great medical consequence does not disbar a physician from the possession of or acquiescence in other truths of medical consequence. There is no such science as an old school pathology or a homeopathic school pathology. Pathology is an independent science, and, like other independent sciences, pursues its own object, which is the knowledge of disease. There is no such science as an old school pharmacology, or a homeopathic school pharmacology. The fact that men under the name "old school" busy themselves more with the mechanic, chemic, toxic or physiologic effects of drugs, and that the men under the name "homeopathic school" busy themselves more with the dynamic, therapeutic effects of drugs, is only incidental to their special activities as medical men. Pharmacology, as a true, independent science, concerns itself with all the effects of drugs, dynamic, mechanical, chemic. If men persist in concerning themselves only with certain effects of drugs, that is their special province, but it is not all there is of the science of pharmacology. The fact is that there is no school in existence, old school or homeopathic school, or any other school, which teaches all that belongs to scientific medicine in an impartial, inclusive manner, and as long as such a condition exists, just so long there will be division of schools; but scientific medicine is not confined to school medicine. Scientific medicine is above all schools of

medicine. Scientific medicine recognizes and represents all the truths of medicine, without distinction of school or source.

The observation and treatment of patients has never belonged to any particular school of medicine, old or new ; nor can it be said that the observation and treatment of parts of patients or of products of patients belong to any particular school of medicine, old or new. The laboratory is the workshop of the clinic and, when rightfully conducted, examines parts of clinical wholes as parts of clinical wholes. Nobody can say that parts of clinical wholes belong to one school, while clinical wholes themselves can be had by all schools. The force of the laboratory consists not in the fact of its being a workshop, but that as a workshop it may be had for experimental use, for experimental discovery, and for experimental proof. In this connection, it is well to remember that Hahnemann's work was strictly experimental work, and that, therefore, we must accord Hahnemann the credit of having been a laboratory worker. Who else in Hahnemann's time was a laboratory worker ? Morgagni worked in the dead-house ; Bichat worked in the anatomic room ; Virchow, Pasteur, Koch were yet to come. Hahnemann experimented on his own body, and while Morgagni and Bichat observed the dead, Hahnemann observed the living, and while Auenbrugger and Lænnec put into our hands methods and tools of precision for the observation of disease, Hahnemann put into our hands methods and tools of precision for the treatment of disease. Hahnemann was the first to ascertain the effects of drugs on experimental principles. He was the first to discover that drugs produced symptoms and signs like the symptoms and the signs produced by disease. He was the first to make it possible for any physician to compare disease effects and drug effects for whatever scientific method of medical application there may be indicated in the treatment of a case.

Ordinary empiricism, dictated by the pleasure of the moment, or the recommendation of unscientific empiricists, is not the mark of scientific medicine. This much is admitted by Doctor Bassler himself, for, while he says that the best of medicine is to be found in what he pleases to call the "regular school of medicine" or the "old

school of medicine," he also says that it is "the laboratory which is establishing medicine on a scientific basis." According to Doctor Bassler, all the work of the centuries that are past did not make scientific medicine. The laboratory is establishing medicine on a scientific basis. It is of no consequence that the laboratory does not deal with the patient as a unit, but deals with parts and products of patients as units, that what is true of a part is not necessarily true of a whole, that for science the human mind must perceive and associate identical factors with identical factors. Doctor Bassler says, it is "the laboratory which is establishing medicine on a scientific basis. The fact is that the laboratory is not "establishing medicine on a scientific basis," and, what is more, cannot of itself establish medicine on a scientific basis. The laboratory has not been called into existence for this purpose. Its object is, as I have already pointed out, experimentation; and for scientific medicine, dealing as it does with medical and surgical phenomena through observation, experimentation and reasoning, reasoning by induction for generalization and reasoning by deduction for verification or proof, mere experimentation is insufficient. What Doctor Bassler calls scientific medicine is not scientific medicine at all. With Doctor Bassler, it is "the laboratory, which is establishing medicine on a scientific basis." He speaks of "the science of medicine, the laboratory and surgery." It would seem that either the science of medicine consists of "the laboratory and surgery" or that "the science of medicine, the laboratory and surgery" are three separate factors. I must take issue with Doctor Bassler as to his facts and his logic. The science of medicine includes surgery, for surgery is a part of therapeutics, but includes also the medical methods of therapeutics, for therapeutics consists of medical and surgical treatment and the science of medicine is a science of medical and surgical practice.

Medicine as scientific medicine is neither merely experimental medicine nor merely observational medicine. In medicine we are dealing with medical and surgical phenomena and if we wish to have scientific medicine we must apply to these phenomena of medicine the scientific tools of precision that are required to produce

science in other scientific disciplines. There are three scientific tools of precision : Observation, experimentation, reasoning. If we consider experimentation, as we may rightfully consider it, a part of observation, factitious observation, which it actually is, there are only two scientific tools of precision : Observation and reasoning. Observation observes and experimentation proves or disproves what has been observed. Reasoning also consists of two parts, induction and deduction. Induction generalizes and deduction proves or disproves the generalization. Although there are practically only two scientific tools of precision, observation and reasoning, the power of perception and the power of association, both these tools must be employed to produce real science. Neither observation alone, nor reasoning alone will do. We must be able to perceive facts, to recognize facts and the natural relationships of facts, before we can have true, scientific facts. We must be able to associate facts, to connect facts with facts and relationships of facts with relationships of facts, before we can have true scientific conclusion. True observation and true reasoning together go to make science. Nothing short of these can. Nothing short of these will. Observation furnishes the facts. Reasoning furnishes the reasons for the facts. Facts without reasons for the facts make no science. Reasons without facts make no science. For science, we must have both the facts and the reasons for the facts. Observation of facts and association of facts, perception and ratiocination, enter into the making of science, and observation and association of medical and surgical facts enter into the making of scientific medicine.

Scientific medicine is too big to depend for its establishment on the laboratory alone. In scientific medicine we are dealing with natural phenomena and these phenomena, like the natural phenomena dealt with by other sciences, have to be observed, have to be experimented with, have to be generalized, and have to be reasoned about, in order that we may have the scientific medical facts and the scientific medical reasons necessary for a true science and a true art of medicine. Doctor Bassler will have to admit that observation outside the laboratory will also have something to do with "establishing

medicine on a scientific basis," and he will also have to admit that rational methods rather than the guesswork and groping of empiricism must play a part in scientific medicine. That surgery is a part of scientific medicine is not in dispute ; but there is also a medical part of scientific medicine. The medical part of scientific medicine must consist of rational methods of medication, not the mere guesswork of ordinary empiricism, dictated by the pleasure of the moment or the recommendation of unscientific empiricists. There appear to be only three possible rational methods of medication, methods based upon the similarity of pathologic and pharmacologic facts, their contrariety, their dissimilarity. Scientific medication must cognize, on the one hand, the facts of pathology, the disease effects, as known through the symptoms and the signs of the patient, and, on the other hand, must cognize the facts of pharmacology, the drug effects, as known through the symptoms and the signs obtained by previous experimentation. The three rational methods of medication are, therefore, fairly denominated as methods of *symptom-similarity*, *symptomcontrariety*, *symptomdissimilarity* to be established between patient and drug. I use these English terms because no prejudice can attach to them such as has been attached to their corresponding Greek terms of *Homeopathy*, *antipathy* and *allæopathy*, and because the English terms carry openly their explanation and require to the open mind no further justification.

( To be continued. )

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# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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## THE BENGAL MEDICAL BILL, 1913.

The objects of this bill are (1) to provide a means of protecting the public and the medical profession from irregularly qualified practitioners whose training in medical science has been obtained at unrecognized institutions and (2) to afford facilities for ascertaining whether any particular medical practitioner possesses recognized qualifications.

In a country like India with such a vast population, particularly of the poor, is it expedient or wise to prohibit the passed students of unrecognized medical institutions while Indian Kabirajes, Baidyas and Hakims are not prohibited from practising, for there is no gainsaying the fact that many of the passed students of these unrecognized institutions are very well trained men and often are quite able to hold their own against the regularly qualified men, if only they are given a chance. Moreover, it is certain that these men do get some sort of training while many of these Kabirajes and others have no medical education whatsoever.

It will also be observed that the passed students of the Calcutta Medical College and the Campbell Medical School are very small, in fact very very small indeed compared

to the needs of this large province. Excepting perhaps the big cities, many important places have no passed men of the Calcutta Medical College or the Campbell School. In such places the passed men of these unrecognized schools have upto now met the needs of the people and I know it for a fact that many of them have practised for many years and are held in high esteem and regard by the people of the locality. Under the circumstances it would be a great injustice indeed to put these men under a bar of disadvantage until the government can make adequate arrangement for the supply of regularly qualified men all over the country. It is well known that in many places there are no Medical College graduates or charitable dispensaries or hospitals for many miles around and these passed men of unrecognized institutions have supplied and are supplying the needs of the people, in place of the Indian Baidis or the village barbers who used to be and who are still the surgeons of the village in many places. It would be a much better plan to keep a list of these passed students of unrecognized institutions, for after all their number is not so very great and it would be a much better policy than to let them loose with the lay practitioners to whose number there is no limit; moreover the passed men do their work much better than people who have no medical education whatsoever, but at the same time play on the credulity of the ignorant public. I, for one, am not against a medical bill or a qualified practitioners' list, for we need a thing like this badly but what I say is that the bill must be comprehensive and adequate with the requirements of the people of the country. This bill seems to fail in that object sadly for it allows lay men to practise with impunity, but puts a bar against people who should be allowed to practise and so should be recognized.

Now looking at it from the homeopathic stand point what do we see? In the city of Calcutta there are thousands of

people, not to speak of the other places of Bengal, who believe in the homeopathic system of treatment, in fact there are many who systematically resort to it for all their ailments, and homeopathy is a system that is recognized by many of the most civilized and advanced countries of the world. In the United States of America alone there are hospitals and well equipped medical colleges that stand on equal footing with the allopathic colleges and whose statistics of work compare most favourably with that of similar allopathic institutions. Moreover there is an International Homeopathic Council with its head-quarters in London that is safeguarding the interests of homeopathy all over the world. It has branches in the following places :—America, England, Germany, France, Australia, Austria, Belgium, Brazil, Canada, Holland, India, Italy, Spain, Switzerland, Denmark, Mexico, Newzeland, Portugal, Russia, Sweden, Tasmania, U. S. of Columbia, Uruguay and Venezuela.

Dr. D. N. Ray and myself are the members of this council and were elected by this society. It is well known to you, although it may not be known to the public generally that I had the honour of representing India at one of the meetings of this august assembly personally in the year 1911 and I am proud to be able to say that India received a very kind hearing at the hands of the meeting. Only last year the autocratic government of the Czar of Russia tried to stifle homeopathy by autocratic legislation and it is well known to you how the International Council fought most vehemently and won the battle in the end. Homeopathy has a stronghold in Russia. It has a fine Hospital in St, Petersburg. London has a very fine hospital and a nursing home. There are many fine cottage hospitals all over England. Only yesterday I received the following cable from Dr. Hoyle of London, one of the secretaries of the International Council—“Have seen your

resolutions on Indian Medical Bill. Can International Homeopathic Council help you ?" But our Bengal Medical Bill is going to be passed so soon and so hurriedly that I am afraid the bill will become law, before we have written to and heard from the International Council.

In the city of Calcutta, letting alone the different districts and subdivisions of Bengal, there are twentyfive or more regularly qualified homeopathic practitioners, a dozen good homeopathic dispensaries and many charitable dispensaries. The Calcutta Homeopathic Hospital treated 1915 outdoor patients. Large numbers of patients attended the clinics of Drs. P. C. Majumdar, J. N. Majumdar, D. N. Ray and others. So that it is evident that the public demand for homeopathy is not small.

We have already laid our prayers before the government and the honorable gentleman in charge of the bill has said that there is no standard to measure the merits of homeopathy and that Bombay and Madras did not recognize homeopathy. In response to that we would most humbly suggest that if the government is unable to measure the standard of homeopathy and in view of the fact that the status of Homeopathy is very different in Bengal from that of Bombay and Madras, let the following words be added to clause 18 (a) which reads as follows :—

(a) that any title granted or qualification certified by any University, Medical corporation, examining body or other Institution is a sufficient guarantee that persons possessing such title or qualification possess the knowledge and skill requisite for the efficient practice of medicine, surgery and midwifery, their being homeopaths being no bar to be so recognized.

[Cf. 49 & 50? Vict., c. 48, s. 3 ; Bombay Act VI of 1912, s. 20.]

For we fear that the council being composed purely of allopathic physicians, homeopaths may not receive an impartial and just hearing at the hands of its members.

We also pray that the following paragraph in clause 29 which reads as follows—"No certificate given by any medical practitioner or medical officer under any Bengal Act or any Act of the Governor-General of India in council in force in Bengal shall be valid unless such practitioner or officer is registered under the Medical Acts or this Act" be also expunged from the bill, for many of us have so long given certificates of health and death particularly to our European patients and no exception has been taken to it up to date and moreover it will naturally interfere with our practice.\*

J. N. M.

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### A CASE ILLUSTRATING THE PRINCIPLES AND EFFICACY OF HOMEOPATHY.

JAMES B. BROWN, M. D., DENVER, COLO.

Mr. M., a salesman, æt. 55 ; married ; weight, 245 lbs. ; swarthy complexion, large frame and full plethoric habit, placed himself under my care over a year ago. He complained of frequent urination, being worse at night ; a discharge from the urethra and impotency. There had been two attacks of pneumonia during his life, with good recoveries, otherwise fair health, except the troubles mentioned above. When 23 years of age, he contracted gonorrhœa, and says that he has never been entirely free from discharge since ; yet was treated more or less for the past twenty-five years. Examination revealed an enlarged prostate, a yellowish-white discharge from the urethra and soft, atrophied testicles. The microscope revealed only staphylococci present in the discharge. The patient was treated for about three months with electricity and the remedies that seemed indicated for his prostatism, when his business called him

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\* A paper read before the Calcutta Homeopathic Society.

from the city. While the discharge was very much better, and the impotency improved, the cure was not complete at that time. I did not see him again until six months later, January 24th, of this year. He had just returned home and was suffering with a fever when I was called. Examination revealed a consolidation of the left lung with the exception of the apex. His temperature was 103.2, pulse 115, respiration 36; heart irregular and skipping every third or fourth beat. He was placed in bed and the usual pneumonic treatment given. After forty-eight hours he was more comfortable and the pulse more regular. The fever dropped to 101.5 the fifth day, pulse 100, respiration 32. The crisis came the 7th day and the temperature remained normal for one week. During the normal period the cough was very annoying, especially at night, and the lung did not clear as fast as it should; so the patient became very much exhausted from the loss of sleep. At the end of the second week he awakened one morning with an excruciating pain in the right shoulder joint. There also was a swelling at the juncture of the clavicle and sternum, but no pain at this point. The shoulder became so sensitive that he could not move it, or turn upon it without the most excruciating pain. The pains were worse at night and associated with night sweats. In a short time it had spread to the right knee and foot and by the end of the week the rheumatism had extended to the left wrist and thumb; associated with this condition, were pinkish spots of a raspberry color. The rheumatism eventually spread to the whole left hand, contracting the fingers so that they could not be extended. This condition ran along for nearly two weeks without relief or abatement. During this time the fever was 100 to 101, pulse 96 to 100. The remedies used were bryonia, belladonna, rhus tox., arsenic. mercurius, phytolacca, fer. phos., and sulphur, but with no relief from any of these. In the meantime the patient was becoming very much exhausted from pain, loss of sleep and worry. He remarked to me one day that the funniest thing about this rheumatism was that it would invariably get worse about 4 o'clock, every afternoon, and that he would have no rest during the night. Profuse sweats occurred, worse at night, and on the head.

and arms. The fact that the patient was getting weaker as the days went by, and that I was not getting the desired results, indicated that I was not getting at the foundation of the trouble. I inquired about the old discharge that had troubled him for the past twenty-five years. "O," he replied, "I haven't seen anything of that since I have been sick." I concluded that perhaps the suppression of the discharge was back of all this trouble, consequently based my prescription accordingly. The peculiarity of the case, being aggravated at 4 P. M., commencing in the right side and going to the left, and taking the patient's general condition into consideration, plethoric with a history of flatulence, swarthy appearance, and an unresolved lung, gave me a perfect picture of lycopodium. This remedy was given in the 200 potency, two doses followed by a placebo. The next day I was greeted with the remark: "Doctor, you have hit it; last night is the first night that I have had any real rest since I've been sick, and I didn't sweat. My rheumatism is leaving my left hand and foot, but still in my shoulder and knee." He also reminded me that the discharge had started up again. This was good news, demonstrating conclusively a gonorrhoeal arthritis. The case progressed favorably afterwards and he has had nothing but lycopodium since. The fever left as soon as the discharge was re-established. The rheumatism soon passed out of the left hand, and wrist, right foot and knee. The shoulder improved steadily, and was free from pain within three weeks; the swelling at the sternoclavicular joint began to decrease, but remained for two months before it was entirely gone; the raspberry spots on the hands and feet gradually faded, the skin peeling over them and being susceptible to discoloration for a long time when overheated.

Here was a case not unlike thousands of others, where the acute disease suppressed the chronic; the old discharge, caused from an improper treatment and over twenty-five years' standing, became suddenly checked; the virus, having no avenue of escape, became lodged in the articular surfaces of the joints producing an arthritis. Had I not known the history of the case, there probably would have been more delay in getting it under control; however, the

symptoms were all lycopodium. The patient was practically helpless, suffering intense pains in the joints, and had lost over thirty pounds. Improvement was rapid from the start ; today he is not only free from the arthritis, but the chronic disease as well. His impotency has disappeared also.

While the vaccines so much in vogue today may cure such cases, I am quite positive that there is no other method of cure that would have produced such positive results so quickly, pleasantly, and perfectly as the remedy herein mentioned.

—*The Journal of the American Institute of Homeopathy.*

## ARSENICUM ALBUM.

(Continued from page 384, No. 12, Vol. XXII.)

Another important feature of this remedy, that will help us in many difficulties, is the great prostration to which our patient readily becomes a subject. This is quite guiding. Some cases take on bad turn from the beginning. Although the suffering is not much and the duration of sickness is only small, the vital power of the patient sinks rapidly. This sinking is explained by the destructive process that is going on inside and unless this process is stopped by the timely administration of Arsen, our case will proceed deathward. And yet we must remember, as Dr. Farrington has cautioned us, that this remedy must not be used early unless needed.

This process of destruction of tissues and consequently of vital power, always helps me in the selection of this remedy. Sometime ago I had a case of inflammation of the left big toe in a working man. The whole leg was a mass of swelling, hot and bluish in color, and the old school advice was amputation below knee joint. The prospect of a wooden leg was not naturally liked by him and he tried homeopathic treatment. The *burning pains* coupled with the rapid progress

towards *gangrene* decided me in the selection of this remedy and the result more than exceeded my expectation. This is exemplified also in typhoid and typhus, in paralysis, in pernicious anæmia, in diarrhœa, enterites, in cholera and in a host of other complaints.

Irritability is another important characteristic of our drug. This is marked almost everywhere. The stomach is irritable and it rejects food and water inspite of hunger and thirst. The skin is irritable, it itches but scratching is impossible due to too great irritability. The mental condition is just as irritable and we notice that our patient is low-spirited exceedingly sensitive, despondent, weeping—the least trifle filling her with care and solicitude.

But the symptom that I consider the most guiding is the mid-night aggravation of all the symptoms of this remedy. On this one symptom alone, have I repeatedly cured the most desperate cases and its importance will be equally testified to by all the practitioners of this most solid system of medicine.

It will be inexcusable if I omit to mention another characteristic symptom—I mean that one pertaining to its pain and its amelioration. The pain of Arsen, in whatever part or organ it may be, is always burning in nature.

It feels that it has been set on fire. Now the general rule is that parts that have become abnormally heated, cool down on application of cold and that sensations of heat are ameliorated by cold appliances; but Arsenicum is an exception to this rule. The universal burning of Arsenicum is always relieved by hot applications wherever the sensation of burning may be, the patient is constantly calling for hot water bottles, hot fomentations and so on, for heat is the only thing that temporarily relieves. But a few words of caution will not be out of place here. It will be a mistake to use Arsenicum for a mere

sensation of heat, for such sensations may arise from nervous causes only. The burning pain in Arsenicum really means destruction of tissues. Hence it is called for in gangrene, in sloughing, in carbuncles, in ovaritis, and so on where its action is undeviseable and invaluable.

Before I run on to another subject, I think, I better differentiate between Arsenicum and Secale, for the burning is just as prominent in the one as in the other. Secale too is just as restless with his intense burning, but he is constantly calling for *cold application* and this constitutes the difference between the two great "burners."

Thirst is another important feature of Arsenicum but water molests the patient, for every time he drinks he vomits it up. That is why, inspite of his unquenchable craving for water, he drinks little at a time. In respect of unquenchable thirst Arsenicum stands on the same level with Acon., Bry, Calc. ost., Caps, Cham, China, Dig, Eup. perf, Iod, Merc, Nat. m. and Phos.

Now that we have gone through the general outline of this remedy, we will go in detail into its symtomatology. It is called for a very obstinate type of headache mostly frontal, when that is accompanied by vertigo. Head feels pressed as from a heavy load on the brain; this sensation is temporarily relieved by cold washing and permanently by a walk in the open air. The scalp is very sensitive, can scarcely bear hair to be touched.

Arsenicum is called for in a serious type of vertigo that emanates from malaria. He complains of great heaviness in the head and humming in the ears. It *goes off in the open air but returns again as soon as he enters the room.*

The efficacy of Arsenicum in the treatment of the diseases of the eye is invaluable and extensive. The symptoms too are so very clear cut and precise that there is hardly any

chance of mistake. Arsenicum has been reported to cure cases of pterygium, scrofulous ophthalmia, chronic trachoma, parenchymatous keratitis, keratitis punctata, kerato-iritis, iritis rheumatica, retinitis albuminurica and so on. The eyelids are *swollen and œdematous* so much so that they look distended with air and they are spasmodically closed. The internal surface of the lids are very sore and the conjunctiva looks like a piece of raw beef ; so that when opening the eyes, our patient complains of intense burning sticking pains.

The photophobia is intense and lachrymation is excessive and scalding. This corrosiveness is characteristic of all the discharges of this remedy. In diarrhoea the stools excoriate the anus, in otorrhoea the whole auditory passage gets raw and inflamed owing to the corrosiveness of the discharge, in cold the nose gets red and scalded, the leucorrhoea is burning and so on. The photophobia is so intense that he lies in bed with his face buried in the pillows. The hot and scalding lachrymation causes an eczematous eruption on that part of his cheek over which the tears flow.

Arsenicum is a good remedy for *horizontal half sight*. He can only see objects in the lower part of his field of vision and that is why he lifts his head high and throws it somewhat backward when looking at a distant object. Sometimes his whole vision is dim and objects look as if he has been looking through white gauze.

Arsenicum has another important symptom which may be invaluable to us on certain especial occasions. Everything he looks at seems *green* to him. In this place we will consider about a few other remedies like Caps, Actea spic, Camph, Hyos, Ruta, and Cina.

In Caps all objects look *black*.

In Actea Spic on the other hand everything he looks at seems *blue*.

In Camph. the patient tells us everything about him is *bright and glittering*.

In Hyos. he finds *red spots* before his eyes whereas in Ruta candlelight seems surrounded by red halo.

Last of all we come to Cina. It is a great remedy for xanthopsia or yellow seeing. There is a yellow tint imparted to landscape and every object looked at, an effect perhaps most comparable to that of looking through yellow glass.

I will cite here a very instructive case of keratitis punctata that Schlosser cured with Arsenicum.

The outer segments of the conjunctiva was enormously swollen, the iris was discolored reacting sluggishly. Posterior Synechiæ was well marked with some exudation into the pupil. The pains in the upper part of the orbit was excruciating and was burning in character. There was nocturnal aggravation and copious secretion of scalding tears. All the symptoms pointing to Arsenicum, he administered a few doses of this remedy with marvellous effect.

Before I take up another symptom it would be advisable to differentiate between Arsen, Apis and Rhustox as these remedies are similar in many respects. We find oedematous swelling in all three of them but in Apis it is merely a puffiness, in Rhus it is dependent upon the infiltration of the connective tissues and sometimes there is suppurative inflammation of the deep structures of the eye, whereas in Arsenicum the swelling is the outcome of the deep Arsenic cachexia.

The pain of Apis though objectively similar is essentially different, for in Apis it is *relieved by cold applications*.

The burning hot lachrymation of Apis is similar to that of Arsenicum but it is not acrid and excoriating as in the latter remedy. Besides we must not forget that the affections of Arsenicum are periodic in their nature commencing every fall and often alternating from one part to the other.

Arsenicum is indicated in *otitis externa diffusa* when we find great burning and itching and ooziug of a corrosive watery discharge. The tissues of the meatus itself become the seat of innumerable burning pustules which later on turn into painful ulcers.

Arsenicum is useful in mumps especially with metastasis to the testicles.

In Arsenicum we find splendid remedy for fluent coryza. The nose feels stopped up although it flows freely and the discharge is corrosive and excoriating. As a result of this the nose and its surrounding parts become raw and inflamed.

Toothache is a trifling ailment but there are occasions when the poor patient will do anything to get relief and Arsenicum helps in those cases which are peculiarly its own. The toothache is very severe indeed and it is mostly in the first lower bicuspid. It is excited by cold weather and is aggravated by the sound of other's talking. In this last respect it is somewhat similar to Therid. where we find the toothache caused by shrill noise. The Arsenicum toothache is relieved by heat of stove, sitting up in bed, and striking his head.

There is another important condition where it helps and that is when toothache is associated with dysmenorrhœa and also when toothache precedes menses.

We have Calc. ost, Cham., Lach., Phos., Sepia, and Staph. for toothache during menstruation.

Homeopathy would have been far less enchanting and its field of action much curtailed, had it not been for Arsenicum album. Treatments of fevers of different types would have been far less satisfactory and our antagonist friends would have been jubilant over the failure of Homeopathy ; but fortunately for us this great legacy of the great Master has supplied the greatest ingredient towards the perfection of his science. In the hands of the homeopath Arsenicum proves

a more powerful drug than crude quinine—that great pillar of vaunting of our regular friends, for when quinine fails *Arsenicum* cures.

(To be continued.)

N. M. CHOUDHURI, M. D.

## Obituary.

It is with very great regret that we have to record the death of Dr. James H. McClelland of Pittsburgh, Pa, U. S. A., America, one of the leaders of the Homeopathic profession today. Two years ago we had the honor of shaking hands with the doctor during the meetings of the International Homeopathic Congress in London. It is through his exertions that we have the national monument of Hahnemann in Washington, the capital of the United States. The passing away of such a great man is a real loss to Homeopathy.

Here is what Dr. Hoyle wrote about the life of this great man :

*"Dr. James H. McClelland died at his home at Pittsburgh, Pennsylvania, U. S. A. on November 14th, 1913.*

His life was spent in unselfish devotion to his fellowmen, a great part of this energy being for the uplift and furtherance of Homeopathy.

Perhaps no one recognized more than he did the necessity for work in developing the future of the school of homeopathy. With him and his co-workers in America the work at hand for the present needs of our school was not enough. With him and others, there must be an *uplift now, for the future*, and this idea was the base of all his efforts as President of the International Homeopathic Council.

It is well to record a few of the words of our departed brother and friend, uttered on the occasion of, perhaps, his last public appearance. This was at Zurich, August 10, 1912. Many of our own German colleagues were present then and will remember the

occasion when, though unutterably shocked by the cable news of his brother's death, only three days before from heart disease, Dr. James H. McClelland went through that Congress, as its President, knowing that he, too, at that hour, stood sorely stricken with the same dread disease, which had suddenly ended his brother's earthly career. And he knew it was only a question of months, days, or even hours with himself. With his spirit of self-sacrifice for the cause, which would not let him disappoint his waiting colleagues, he forgot self and went through the Congress, with *unforgettable courage* !

This was a specimen of his devotion to homeopathy, that not even this handicap could make him waver in what he thought to be his duty to the school he represented and the trust of delegate from the U. S. A. homeopaths.

On that day he spoke of certain lethargy, which has crept in upon certain sections of homeopathy, and perhaps upon certain men as individuals. This he thought constituted a grave question and ultimate peril.

'The sluggish growth which homeopathy is making here and there,' he said, 'is a great contrast with the lightning advance of homeopathy which energized the earlier workers of our school and which is not to be accounted for by the advance of the old school, altogether ; with the earlier workers, it was not enough that they were doing well, financially ! With them, it was a *sacred duty to advance the cause and make converts by personal and repeated efforts* !'

Dr. McClelland then raised the question, 'How can you overcome this subtle lethargy and start a new era of advance ?'

I quote these sentiments because I know that they were with him to the last moments, as a letter written to me by him at the end of October this year proves !

So in this great and good man's passing let us take upon ourselves his counsel and aims, that we may, one and all, face our inevitable end with the calm consciousness of work well done for the future safety of humanity !

That all our European colleagues regret his loss and that we

extend heartfelt sympathies to his family is a fact and a natural sentiment. But we can best prove that we regret his passing by taking up more energetically some of the burdens he accepted so bravely for many a year and which extra burden probably shortened his life ?

Strange to recount, a great long life friend of Dr. McClelland's, who was another warrior for homeopathy, Dr. Z. Taylor Miller, also of Pittsburgh, 'the Doctor's Doctor,' died in the same hour of the same day and of the same type of disease.

Doctors James H. McClelland and Miller have earned their rest, and we being left behind for a while must stir ourselves to imitate them.

We believe in homeopathy. So did they.

Dr. McClelland's adherence to what he believed to be right, brought about a breadth of work that gave to his labors an international value and he had the courage which overcame all obstacles.

To recount one of these battles. When at Zurich—one morning early—several of us listened entranced and wished we had a stenographer to take down the history of that encounter. It was the account of his personal struggle to get the present site of the Hahnemann Monument at Washington, D. C., from the Federal Government. This fight to get the bill to authorize the appropriation of the ground site took years and much time, which could be but badly spared from a very arduous practice ; yet it was undertaken cheerfully and manfully ; and we are reaping the honor of that emblem of national pride in our founder. Yes ! we have the monument, but Dr. McClelland's was the energy and courage that gave it to us for all time.

But it was not only this 'Marble Monument' that he gave to futurity. A brief review of the following list of public posts that he occupied and slaved for should prove to any of us what share he had in building up our future.

His was, in very great measure, the energy that upbuilt the two big homeopathic hospitals that adorn Pittsburgh. They are pregnant with future possibilities, in that they encourage other cities to imitate Pittsburgh and they certainly give strength (moral strength)

to the men who are working in that part of his state. The present time success was his 'upbuilding for the future.'

His was a nature that overcame and smoothed out differences of opinion in various circles, which threatened to delay the wheels of homeopathy, if no worse.

He was one of the founders of the Homeopathic Medical and Surgical Hospital of Pittsburgh, being for fifteen years its servant, as Honorary Secretary and Chairman of its board for many years, a Trustee of this Hospital and Dispensary from 1869, being in all, an active servant therefor until within a few months of his death.

He was a member of the Surgical Bureau of the American Institute of Homeopathy ; Organizer of the Anatomical Society of Allegheny ; President for some time, and life member of the Homeopathic Medical Society of Pennsylvania ; in 1876 he took a very active part in the organization of the International Homeopathic Congress at Philadelphia. At their Congress at London, in 1881, he was also a prominent and very busy member.

He was Professor of Surgery at the Hahnemann Medical College of Philadelphia, Pa, for some years ; he was a member and for some time President of the Pennsylvania State Board of Health, to which post he was nominated by three successive Governors of that state ; he was Vice-President of the Associated Health Authorities of Pennsylvania ; also a Member of the Old Sanitary Committee of Allegheny County ; an Honorary President of the International Homeopathic Congress at Paris, 1900 ; President of the International Homeopathic Congress, Atlantic City, 1906 ; President of the East-End Pittsburgh Homeopathic Doctors ; Hon. Vice-President of the British Homeopathic Society ; Member of the American Health Commission ; President for 1893-94, and life member of the American Institute of Homeopathy ; Vice-President of the International Homeopathic Congress at London, 1896, and also for the year 1911, at the same city ; he was the President of the International Homeopathic Council from its inception at the above International Homeopathic Congress at London, 1911, and one of the most energetic members of this International Homeopathic

Council, realizing what a necessity it was or could become with energy.

This list is not complete, but it is as complete as I can make it, with the data I have at hand ! And what a record !

All this was undertaken cheerfully, besides carrying on a most arduous private practice of medicine and surgery, for Dr. McClelland was as famous and clever at materia medica as with surgery, by no means a common combination ; he realized more than the average, that the two go hand in hand, and that every case of surgery must have as its hand-maiden the ever necessary medical stimulant or adjuvant.

Surely with such a grand lesson before us, we shall hear less about 'not having time' to write a paper or take up some work for our cause.

To be a leader of men, one must be the 'servant of all,' and we may well borrow the words of your great Bismarck, and apply them to our dear friend, McClelland :—*'In Serviundo Alias Consumor !'*

At close quarters he was always ready to help his colleagues !

In his record there must be an incentive to others to make their work further the future welfare of Homeopathy !

In all his work Dr. James H. McClelland had the fullest help and intelligent aid of his wife and daughters. To these we extend our deepest sympathy.

Honest work ! hard work ! never-ending work ! all over at last ! May he rest in peace !

—*The Journal of the American Institute of Homeopathy.*

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## Notes.

Abrotanum craves bread boiled in milk.

Natrum mur has an aversion to bread.

Lycopodium has an aversion to ryebread.

Graphites is better from drinking warm milk.

Apis is better from drinking cold milk.

Pulsatilla and Rhus have relief from stretching the muscles, therefore the patient sleeps with both legs stretched out at full length.

Stannum patient sleeps with one leg drawn up and the other stretched out.

Chamomilla patient sleeps with legs far apart.

Platina sleeps with legs far apart when tenderness of genitalia is the cause.

Sulphur and Cina have head turned to one side when sleeping.

Pulsatilla patient lies with hands crossed on abdomen.

Platina patient with hands over head with excessive tenderness of genitalia.

Pulsat. and Ant. crud. are reputed best remedies in chicken pox.—The American Physician.

## WHAT IS SCIENTIFIC MEDICINE? A REFUTATION. AND A STATEMENT.

( *Continued from page 32, No. 1, Vol. XXIII.* )

It is upon the method of symptomdissimilarity that the medical problem of elimination is based. When Tyson, in his *Practice of Medicine*, 1897, page 995, recommends the use of purgatives in the treatment of apoplexy, he admits that he is attempting to produce relief in the apoplectic state by intestinal elimination; that he is attempting to relieve a diseased part of the organism by affecting a healthy part, that ( unless he is making use of mere empiricism, but this is out of the question, for he has generalized when making the recommendation of purgatives ) he relies for relief on the rational method of symptomdissimilarity, on the knowledge that the pathognomic state of apoplexy is *not* in the intestines, and that the

pharmaco mechanic state of purgation is *not* in the brain, that the pathologic facts of apoplexy and the pharmacologic facts of purgatives are dissimilar, different, and, therefore, are not to meet in the course of their action. When Musser, in Hare's System of Practical Therapeutics, 1901, volume II., page 449, recommends the use of diuretics in the treatment of ascites, he admits that he is attempting to produce relief in the ascitic state by renal elimination, that he is attempting to relieve a diseased part of the organism by affecting a healthy part, that he relies for relief on the rational method of symptomdissimilarity, on the knowledge that the pathogenic state of ascites is *not* in the kidneys and the pharmaco mechanic state of diuresis is *not* in the peritoneal cavity, that the pathologic facts of ascites and the pharmacologic facts of diuretics are dissimilar, different, and, therefore, are not to meet in the course of their action. Mitkowski follows the same method of dissimilarity when, as given in Hare's Practical Therapeutics, 1902, page 365, he uses a diaphoretic in the treatment of catarrhal jaundice, for he works upon the knowledge that the pathognomonic state of catarrhal jaundice is *not* in the skin and the pharmaco mechanic state of diaphoresis is *not* in the liver or the duodenum ; and everybody else who attempts to relieve a disease condition by means of a drug that attacks a healthy portion of the body, follows the medical method of symptomdissimilarity, for he is employing drugs whose effects appear to have no direct relationship whatever to the phenomena that the disease presents and that he is attempting to allay.

It is upon the method of symptomcontrariety that the medical problem of direct palliation is based. When we use an antidote for poisoning, an anticeptic for sepsis, an anodyne for pain, an antispasmodic for spasm, a purgative for constipation, diuretic for anuria, we admit that we are singling out a symptom or an imperative condition and are treating it directly as though it were either all of the patient's disease ( which, of course, it is not ) or as though it were the point where the vicious circle of disease may be best broken, that we are attempting to relieve a diseased part of the organism by counteracting it with a drug of opposite action, that

we are relying for relief on the rational method of symptomcontrariety, on the knowledge that the pathognomic state of poisoning and the pharmaco chemic effect of the antidote, the pathognomic state of sepsis and the pharmaco chemic effect of the antiseptic, the pathognomic state of spasm and the pharmaco chemic effect of the antispasmodic, the pathognomic state of constipation and the pharmaco chemic effect of the purgative, the pathognomic state of anuria and the pharmaco chemic effect of the diuretic are contrary, though they meet in the course of their action. Whenever we formulate an indication and attempt to counteract it with a remedy having an opposite effect, we follow the medical method of symptomcontrariety, for we are employing drugs for their opposite action, drugs whose effects are the very opposite of the disease phenomena we are attempting to remove or to relieve.

It is upon the method of symptomsimilarity that the medical problem of a direct cure is based. A cure consists in the complete removal of pathologic conditions hence in practising the method of symptomsimilarity for the cure of a curable disease we do not single out a symptom or a condition and treat it as though it were all of the patient's disease, but consider all of the symptoms and signs of the patient as expressive of his disease and apply a remedy which has been proved by previous experimentation capable of producing a series of similar symptoms and signs of disease. When, for instance, we may use a diuretic, like belladonna, digitalis or scilla in a pathognomic state of polyuria ; a cathartic, like aloes, mercury, rhubarb, senna, colocynth, podophyllum or croton oil in a pathognomic state of diarrhœa ; an emetic like ipecac, apomorphine, or tartar emetic in a pathognomic state of vomiting ; a nerve stimulant like nuxvomica or ignatia, in a pathognomic state of convulsions ; we admit that we are attempting to relieve a diseased part of the organism with a drug, directly affecting the diseased part, that we are relying for our cure in curable diseases and our relief in incurable diseases on the rational method of symptomsimilarity, on the knowledge that the pathognomic state of polyuria and the pharmaco dynamic effect of the diuretic belladonna, digitalis or scilla, the pathognomic state of

diarrhoea and the pharmaco dynamic effect of the cathartic aloes, mercury, rhubarb, senna, colocynth, podophyllum or croton oil, the pathognomic state of vomiting and the pharmaco dynamic effect of the emetic ipecac, apomorphine or tartar emetic, the pathognomic state of convulsions and the pharmaco dynamic effect of the nerve stimulent nux vomica or ignatia are similar and meet in the course of their action. Whenever we apply a drug with the idea of removing or relieving disease conditions by similar action in the diseased part, we follow the medical method of symptomsimilarity, for we are employing drugs for their similar effects, drugs whose effects on the organism are similar to the symptoms or disease effects that we are attempting to remove or to relieve.

A scientific physician is a physician who knows, and, with correct unbiased discrimination, applies the various scientific methods of therapeutics. A scientific physician is an impartial physician. Doctor Bassler says he is impartial. Is he really impartial when he places such an important scientific method as Homeopathy, the unqualifiedly scientific methods of symptomsimilarity, a scientific therapeutic method especially applicable in medically curable constitutional diseases, with fads and minor fads ? Is he impartial in his presentation of the Organon of the Art of Healing ? Is he correct in his statements on Homeopathy and Hahnemann ?

Scientific medicine must be more than "regular" medicine, of which Doctor Bassler speaks with elated satisfaction. I confess I cannot tell what "regular medicine" is, and I do not believe Doctor Bassler or anybody else can. There is no such thing as regular medicine. I can acknowledge only one kind of medicine and that is scientific medicine, which gives correctness, certainty, completeness for medical and surgical practice ; and to obtain genuine correctness, certainty, completeness in the practice of medicine and surgery we must know all the methods of medicine and surgery, we must know their indications and their limitations, we must know what we can do and what we cannot do, we must acknowledge and assimilate the truths of medicine and surgery.

I feel confident that when scientific medicine will be established

we shall find that water, electricity and other physical agencies as well as psychic suggestion, all of which Doctor Bassler, with the flourish of a Prospero, waves aside, will continue to be useful adjuvants in the armamentarium medicum et chirurgicum; that professors of clinical medicine will make distinctions between temporizing medical adjuvants and permanent medical methods; that the serious scientific nature of Homeopathy will be recognized, and Homeopathy will be taught and practised everywhere as the curative method of scientific medical therapeutics; that Hahnemann, and no other single medical personage, will be acknowledged to have ushered in the modern era of scientific medicine, for scientific medicine has pathology as its preliminary only and therapeutics as its ultimate, and it was Hahnemann, and no other medical personage, who brought drugs, for the first time in the history of medicine, within the category of observable perturbations of the physiological life, who made it possible to diagnose, in the true sense of the word, drug remedies as well as diseases by their manifestations in the human body, who gave the practice of medicine such a degree of certainty, precision and completeness as was entirely unknown before his time.

It ought to be a matter of great satisfaction to know that the American Association of Clinical Research is hastening the day when medicine will be scientific medicine, and medical men will be scientific men, sufficiently instructed to recognize and broad enough to acknowledge all the truths of medicine.

— *The Journal of the American Institute of Homeopathy.*

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## THERAPEUTICS OF HICCOUGH.

Hiccough is a distressing symptom in many of the complicated diseases of the stomach and other organs of the body. It is often a nervous symptom and its place of origin is the brain and general nervous system.

Its homeopathic treatment is far superior to any other treatment. We give here in order the principal remedies for its cure, according to their importance.

**Ammon Mur.** is characterized by hiccup with stitches in the chest and empty, knawing sensation in the stomach after a full meal. Distended abdomen. The patient is worse after taking his food.

**Hyosoyamus** is to be thought of in cases after abdominal operations. Excessive and long lasting hiccup.

**Ignatia** is used in hiccough after driving and smoking, and by emotion. There is empty gone feeling in the epigastrium. Empty retching relieved by eating. Vomiting of food and disorder of bowels.

**Cajiputum** is useful in hiccough caused by the slightest provocations as in the case of sulphuric acid and spasmodic stricture of the *æsophagus*. Tongue feels swollen. Much flatulence.

**Teucreum**—Jerking hiccough after nursing.

**Pulsatilla**—Hiccup after taking cold fruits and cold drinks. Disordered bowels.

**Lobelia**—Hiccough with constant nausea and flowing of saliva constantly from the mouth.

**Nux vom.**—Hiccough caused by excessive eating and from cold drinks and much abuse of allopathic medicines and hot spices.

**Nux mos.**—In cases of hysteric women with weak digestion, flatulence and drowsiness.

**Cicuta vir.**—Hiccough with much flatulence and diarrhœic stools and tendency to convulsions. Loud sounding hiccough, ameliorated after food or drink.

**Cuprum met**—Spasmodic and nervous hiccough preceded by vomiting, constant eructations and rumbling in abdomen.

**Veratrum album**—Dangerous hiccough with purging and

vomiting, cold sweat on the forehead, aggravated after hot drinks. Violent thirst. Stramonium has also hiccough from hot drinks and Arsenic and Pulsatilla from cold drinks.

**Natrum mur.** is used in anæmic and malarial cases and after abuse of quinine. Hiccough with gaping nausea, violent hiccough for several days, ravenous hunger, alternating with aversion to food and tobacco. Excessive thirst.

**Nicotin**—Violent nausea and vomiting, cold sweat, and stitching pain in the stomach.

#### REPERTORY OF HICCOUGH.

- Hiccough after eating :** Acon, Carbo veg. Bryonia, Graphites, Hyoscyamus, Ignatia, Sepia, Sil.
- „ **before eating, or on empty stomach :** Nux vom.
- „ **Bov, Sil, Phos.**
- „ **in the evening :** Graph, Ignat, Natrum, Pulsat.
- „ **at midnight :** Bell, Hyos., Arsenic.
- „ **in the morning :** Nux v., Acon., Bryonia, Graphites.
- „ **after breakfast :** Tarentula and Zincum.
- „ **in intermittent :** Causticum.
- „ **during fever :** Crotalus h.
- „ **at an hour when fever ought to have come :** Arsenic.
- „ **painful :** Acon, Cimex, Magnes m, Nicotin, Phosph, Rat, Sulphuric acid, Tabac, Verat vir.
- „ **with interrupted breathing ;** Æthusa and Cuprum.
- „ **in cholera. :** Argent n., Cicuta, Cuprum, Verat, Phos ac.
- „ **and fever :** Ammon c., Arsen, Hyos, Phosp.
- „ **hydrocephaloid :** Cina.
- „ **with peritonitis :** Hyos, Lycop.
- „ **during pregnancy :** Cycl, Opium.
- „ **in sitting up and carried about :** Kreasot.

Hiccough during sleep : Cina and Merc. cor.

„ with spasm and hyperæmia caused by affections of spine and diaphragm : Stramon.

„ in cancer of stomach : Carbo an, Silicea, Kreosot.

„ causes exhaustion and weakness : Sulphuric ac.

„ especially in winter : Nitric ac.

## ORDINARY CASES,

### I.

#### Dyspepsia—Carbo veg.

An elderly gentleman, otherwise in good health and of robust constitution, came to consult for his dyspepsia which was of a peculiar kind. Paleness of face.

Flatulent distention of abdomen, particularly after eating, with loud and constant eructations. Abdomen was so puffed up as if it would burst open. Eructations rancid or bad smelling.

Emission of large quantities of flatus which was devoid of any odour.

Feet and legs were very cold.

Tendency to sleepiness and extreme languor.

Stools thin and of light color with cadaverous smell. Stools often after breakfast.

Took good quantities of allopathic medicines for some time.

Nux vom 30, one dose every morning before breakfast, had some effect on the stools. But flatulence and exhaustion remained the same.

Change of food had not had any good effect. Usual food is allowed.

Carbo veg. 30, two doses a day. Much relief after three days.

Complete cure was effected in a month and the gentleman is free from flatulence and diarrhœa now.

## II.

**Leucorrhœa, uterine displacement—Aurum. mur. nat. J.**

Babu K. Roy's wife, aged 28, had been suffering from leucorrhœa for a long time after her first child was born. She had two more issues but obstinate leucorrhœa continued till that time.

She came under my treatment in the middle of July 1910 with very severe symptoms.

Pains in uterine and ovarian region. Dull and aching always, but during menses they were very much increased.

Menses scanty and painful, times regular.

It was preceded and followed by white or yellowish white discharge of a bad smell.

Examined by a lady doctor who said that vaginal mucous membrane and muscles were puckered as it were; uterine tissues were enlarged, and thickened and indurated.

There was prolapsus of the uterus and slight ulceration of the os.

Appetite poor, no taste for food and some flatulence and diarrhœa if excess of food was indulged in.

Mental conditions were very much like Aurum met, despondency, disgust for life, desire of putting an end to it.

Another doctor in a mofussil station tried Sepia, Pulsat, Actia r. and some other medicines without much benefit.

On the 23 July I gave her eight powders of Aurum mur. nat. 6, one powder every morning on empty stomach.

This had the desired effect. In short I continued this medicine off and on with some intermission for a long time and she made a perfect recovery in about six months' time.

## III.

## 3. Fever and Diarrhoea—Pyrogen.

Moulavi A., a fair and healthy looking gentleman, had an attack of fever on the 5th of September, 1910. Temperature was very high ranging between 104 and 101. There was aggravation in the evening. Much pain over the whole body, especially the neck and small of the back.

Chilliness predominating. Much thirst for cold water which refreshed him.

Tongue coated, slight distention of abdomen, stools thin, brown and cadaverous smelling, scanty but frequent evacuations from the bowels.

He took a few doses of Rhustox 30 without any benefit for two days.

I gave him Pyrogen 6, one dose every six hours. Next morning diarrhoea astopped and fever came down to 100 F.

Placebo one dose in the same way. No fever the next day and the patient was fully cured.

## IV.

## 4. Diarrhoea and marasmus—Calc. Phos.

Babu Giris Chandra Mukerji's daughter, aged 3 years, suffered long from diarrhoea. A neighbouring homeopathic physician treated the case from time to time with partial benefit. The father of the patient called me to treat the case on the 28th February, 1910. The child was extremely weak and prostrated. Good deal of emaciation, only skin and bone. Bowels moved ten to fifteen times in twenty-four hours. Stools were various but when I saw her she passed small quantities of green mucus mixed with fical matters. There were not much colicky pain but some straining at stools. Abdomen flat or lower. Very greedy, always hankering after

some food. Mercurius 30, three times a day not much improvement.

Calc. Phos 30. Had some relief. Stools were less frequent and color better.

3rd March. Very much better. Placebo.

10th.—Improving, no medicine. Took food properly and to good effect.

15th—Almost the same, only little feverish.

Calc. Phos 200 one dose and placebo.

She recovered perfectly and gained flesh in two months.

## V.

### Diarrhœa and hysteria—Nux mos.

A European lady of 35, residing in Elliott Road, came under my treatment on the 2nd of December, 1910. She commenced purging and vomiting the day before and took some allopathic medicines which had no effect.

When I arrived in the morning she had frequent yellow watery stools and bitter yellow vomiting. Much flatulence, stools did not give her any relief.

Mental conditions were variable, sometimes sad and despondent, at other times merry and pleasant.

Had a fit of hysteria the night previous. She had this fit occasionally.

Desire for food which made her worse. Nux mosch 200 four doses, three hours apart. Food—Barley water with a little sugar.

Stools and vomiting stopped after second dose but her husband repeated another dose which was not necessary.

This case impressed the husband to such a degree that he has become a thorough believer in the efficacy of small doses of homeopathic medicines.

P. C. MAJUMDAR.

## INFANT MORTALITY.

### Raja Bahadur of Kakina's Suggestion.

The following is the conclusion of the Rajah of Kakina's recent speech on infant mortality in the Bengal Council. The Rajah pointed out the rate of 27 per cent. in Jalpaiguri, which is nearly double the English rate and proceeded :—

But my Lord, education and knowledge are spreading and the evil of early marriage is daily dying out and yet the mortality amongst infants is on the increase and if ignorance of science and hygiene were such potential causes of the death-rate amongst the little ones, I should think all the semi-civilised and totally uncivilised tribes and races would long have been wiped off the face of the earth, but perhaps some of them rather show greater virility and stamina than our race which is practically a race of students and counts amongst it millions of followers of the Goddess Saraswati. While I do not for a moment suggest that ignorance of ordinary rules of hygiene and domestic sanitation and a want of skilled knowledge in the art of rearing infants are not injurious to infant life, I should like to make it clear that my deep conviction is that the general abject poverty amongst a large portion of the masses and deteriorated physique and constitution and the great scarcity of milk constitute by far the greater and more powerful evils which tend to produce this deplorable state of things. If the malaria can be rooted out from the country and the people of Bengal saved from being sapped by this deadly monster—if the channels and sources that bring sustenance to people could be multiplied and developed, and if the gradual disappearance of cattle could be effectively checked and arrested, I think, My Lord, that even in spite of the popular ignorance of hygiene and science of life, mothers would not so frequently be robbed of the joy and

pleasure of their lives, and bury their babes ; and clouds of grief and sorrow, would not so often cast their black shadow over so many bright and happy homes in Bengal.

As practical measures however, against this great evil the mitigation of which I am sure the Government has as much at heart as we have, I would venture to suggest the following :—

(1) That the Education Department be urged to add instruction in elementary hygiene with special reference to the dietary and rearing of infants to the present curriculum followed in the schools.

(2) That the Government do establish or support depots for the supply of pure milk and defray the cost out of its own Exchequer or have such depots established or supported by District Boards or Municipalities and give them substantial pecuniary aid.

(3) That Legislation be undertaken to provide for the payment of a fee of at least five rupees for the slaughtering of a young cow before it has calved, and to provide adequate pasture lands.

(4) That Legislation be undertaken to enforce abstention of women in the advanced state of pregnancy from factory or any kind of hired labor, away from home for at least three months, commencing from immediately before the expected time of confinement.

(5) That all preparations offered or sold in the market as food for infants must be examined by an Analyst and passed by him as non-injurious.

(6) That trained Dhais and nurses be posted at all important villages possessing a charitable or aided hospital or dispensary and directed to obtain confinement cases amongst the poor gratis or at a nominal fee.

(7) That Legislation be undertaken immediately to render

the sale of adulterated milk much more difficult and risky than at present and the offence easily detectable and more highly punishable. At present about 80 per cent. or more of the supplies of milk offered for sale are adulterated or mixed with water or cream abstracted fraudulently. Milk as is well known is the best medium for bacteria to multiply in.

(8) A scheme of lying in free hospitals for the poor may be formulated and gradually given effect to.

I do not know, My Lord, what the fate of my resolution is going to be, whether it is to be accepted or not. It is true that action is entirely in the power of Government and the Committee can only advise and discuss matters. I have no intention of persisting in my demand for a Committee if the Government thinks it can do whatever is possible to be done in the matter without one. I only sincerely regret the present deplorable high proportion of infant mortality and earnestly wish the adoption of prompt measures for its arrest and reduction. That is all I seek and nothing more, and I leave it to Your Excellency's generous and sympathetic hands and to your Government the determining of steps best calculated to attain this object; though I must add, the acceptance of this Resolution and the appointment of a special Committee as asked for would go a great way in attracting the attention of the authorities as well as of the people to this important matter, and in marking, I might say, the beginning of a period of improvement.—*The Indian Daily News.*

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# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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VOL. XXIII.]

MARCH 15, 1914.

[ No. 3.

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## THE EFFICACY OF HOMEOPATHIC MEDICINE TESTED AND PROVED BY EMINENT ALLOPATHIC PHYSICIANS.

About three months ago I was summoned to treat a very rich upcountry gentleman who was suffering from pleurisy. He had allopathic treatment from the very beginning and inspite of every thing, matters went from bad to worse, when it was thought necessary to have the consultation of three eminent physicians of the city. They were all of opinion that the fluid should be taken out immediately, otherwise there would be danger of suppuration. So an eminent surgeon was called and he tried to aspirate the fluid out. But it caused the patient so much pain that he could not stand it, so it was decided that they should put him under chloroform and have the thing taken out on the morrow. But after the physicians had departed the family after consulting some unwise laymen, decided upon having recourse to homeopathic treatment, and so my service was requisitioned. I saw the patient at about 4 P. M. His temperature was 103. He was having great difficulty in breathing and though of a very robust and healthy

constitution, his features expressed great suffering and agony. There was a very large quantity of fluid and the pleuritic sounds were audible over a large area. He had great pain, so much so that he could hardly breathe.

I began the treatment with Bryonia 30 which relieved his pains much; then I gave him a dose of the c. m. potency. He had a slight aggravation of the pain one day early in the morning. Kali carb 30 relieved this pain at once. Finally he had two doses of Calcarea carb 200 for his constitution, for he was a typical Calcarea patient. From the beginning of homeopathic treatment his improvement was quite marked and within a fortnight he went home completely cured.

In this case without my knowledge they had kept their allopathic doctor attending him regularly all the while I was treating, just to test the efficacy of homeopathic treatment. He was also not told that the patient was having homeopathic treatment, for they were afraid of displeasing the family physician; so he was all the while exulting that he was curing the patient with his purgatives and sedatives without the help of surgical means. But in the end he came to know that the patient was cured under homeopathic treatment, for one day we met each other when he told me that sometimes it is possible to cure surgical cases without operation, for he had cured this patient without surgical interference. I was rather astonished and told him that the patient had been under my treatment for nearly a fortnight and that I was of opinion that homeopathic treatment had brought about this cure.

J. N. M.

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## ARSENICUM ALBUM.

( Continued from page 46; No. 2, Vol. XXIII. )

Arsenicum is useful in quotidian, tertian, quartan, double tertian and quartan fevers ; also in typhoid, and typhus and all other varieties of septic fevers but only when it is indicated. With this remedy I have cured the most obstinate type of malarious fevers and I will cite a few cases during the course of my lectures on this remedy. For intermittents contracted in the salt marshes, near the sea shores and the Assam valleys it is a capital remedy. The most appropriate time for the paroxysm is between 1 to 2 P. M. and 12 to 2 A. M. Periodicity, as I have said before, is a prominent feature of these paroxysms. They come every fourteen days and sometimes we get yearly return of the complaints. Arsenic paroxysms are *anticipating* in nature and the rate is one hour every other days. For a few days before the paroxysm the patient complains of weariness, lassitude and languor and then with an immense lot of gaping, stretching and yawning, as in Rhustox the chill starts. *The stage of chill is irregularly developed and vaguely defined.* The patient while feeling chilly complains of heat. There is little if any thirst during chill and even when thirsty he prefers hot drinks which he takes little at a time but often. We must not also forget to mention that drinking in Arsenicum patient increases his chill and causes vomiting. *This 'absence of thirst during chill and preference for hot drinks, when thirst is at all present, are considered very important indications of Arsenicum and their absence a counter indication by Dr. Guernsey.* Sometimes the chill gradually increases to a shaking rigor and he shivers and shudders especially when walking in the open air.

In some cases of malaria of the pernicious variety, during

the cold stage we also notice colic, loose stool, nausea, and unconsciousness. I will cite here a very interesting case that I treated sometime ago and which brought me quite a big share of renown—a thing that comes easily to a cautious, studious, and patient homeopath. He was a young man of thirty-two hailing from one of the malaria-infected areas of Bengal. I found him in a semi-unconscious state, covered upto the head with a blanket and puring most violently. He was highly restless and the profuse stools were a mass of blood. He received Acon 6 which beyond checking the bloody stools did no other good. He received Euphorbium on the ground of cholera-like symptoms during fever and that did not do him much good. The patient responded very sympathetically to Arsen c.m. which cured.

*The hot stage of this fever is long lasting (two to four hours) and is very prominent.* The burning is intense. He feels as if boiling water is flowing through his veins. The thirst at this stage is insatiable. He wants a whole tumblerful of water. Sometimes we find him drinking little at a time but often and vomiting after drinking several times.

The *restlessness* is very great and this is partly due to burning and partly to the anguish to which he is subject. The other concomitants of this stage of heat are throbbing and pulsating in the whole body, delirium, gnawing and burning in the region of the stomach, pain in the bones, small of the back and forehead, nausea, difficulty of breathing and so on.

The next stage to come is the *stage of sweat*. The sweat is cold, clammy and prostrating. The thirst continues but the *peculiarity of the thirst at this stage* unlike the thirst of chill and heat, *is that he drinks quantities at a time.* A sort of an icterus is very often noticed after the fever. The

skin is pale, cold and parchment-like. During apyrexia the patient manifests a craving for refreshing drinks such as wine, coffee, lemonade etc.

Before I close my remarks on fever I cannot do better than reiterate the statements of Dr. Wurmb concerning the indications of Arsenicum in intermittent fever for no other man in the history of medical literature, has so graphically and vividly described the intermittent cachexia and its relation to Arsenicum.

"Arsenic is indicated in cases which are distinguished not only by weakness in the vital power and deterioration of the organic substance, but also at the same time by symptoms of excitation of the circulation, or of the nervous system alone or of both together. Again it seems to be more especially indicated, the more malignant the influence from which the disease has sprung. Marsh miasm is the chief of these influences ; in this originate the most serious and most dangerous cases of fever, and in these Arsenic is often the only remedy that will rescue the patient. Again, the longer the disease has lasted, the more is Arsenic generally indicated, because the more deeply have the organs and tissues been affected, the more nearly has the patient's condition approached that what is known as the intermittent cachexia and which so nearly resembles the arsenical cachexia. Especially is this the case where the liver and the spleen have"swollen.

"The intermittents which find their homeopathic remedy in Arsenic present in their paroxysm the following peculiarities.

"The paroxysms are general, violent and of long duration, the stages are either distinctly developed and equally proportioned to each other, or else as is most frequently the case, one of the stages is absent or is very feebly present ;

if the latter be the case, it is generally the cold stage which fails and the hot is all the more violent. The more intense the heat, the longer it continues, the higher the degree of development of the accompanying excitement in the vascular system, the more burning and insatiable the thirst, the better is Arsenic indicated. The sweating stage may be altogether wanting, or the perspiration may be very copious; it breaks out generally several hours after the hot stage and lasts a long time."

I will cite a case here from my practice just simply to confirm the above statement. A gentleman, aged about 45, who had contracted the marsh malaria for the past 3 years, came under my treatment sometime ago. His spleen was enormously swollen and hard, abdomen big and distended with the hypertrophied spleen—the rest of his body presenting a sad contrast to the mid segment. The anemia was appalling, the prostration very great. Diarrhœa peeped occasionally. The vital organs all proved to be at their lowest ebb. In fact a worse picture of deviated health could not be imagined. Three years of Allopathic treatment had left him a wreck—economical and physical. Symptoms of Arsenic were many and precise and Arsenic rescued him. A stauncher believer and a nobler monument of Homeopathy than he cannot be found in the whole of India. Glory be to Hahnemann and his immortal science of therapeutics!

Arsenicum makes a capital remedy for typhoid fever when it assumes a slow protracted form and the delirium is mild with suspension of consciousness. Restlessness inspite of exhaustion is very great. The face is hippocratic and distorted; eyes are glistening, staring or sunken or closed with sticky matter; cheeks are burning hot with circumscribed redness. The lips are dry and cracked and the lips, gum, and teeth are covered with a fetid black sordes. He is very thirsty.

and the water drunk descends audibly into his stomach. The stools are watery, foul and involuntary. The aphthæ in mouth bleed easily. The pulse gradually gets weak, rapid and intermittent showing that the life force is waning fast. We also notice that the breathing is short, anxious and labored. The skin is dry and parchment-like—that gloss and smoothness, the usual accompaniment of health is gone. Very often this dry surface becomes covered with cold and clammy sweat which gives a sort of pungent sensation to the touch. Our patient slides down in bed and his lower jaw keeps hanging down. These symptoms indicate the real gravity of the case, but Arsenic will very often rescue these patients when indicated.

Arsenic has a wide range of action over the heart and it is gratifying to notice the marvellous effect it produces when indicated. It is used in hydropericardium, endocarditis, valvular diseases, hypertrophy and fatty degeneration of the heart. Palpitation is a very frequent complaint and it is so very violent that even the chest wall heaves up and down and his whole frame shakes and the sound is audible to those near about. This is accompanied by anguish and dyspnœa. The dyspnœa and anguish are always aggravated at night and by lying on back. In extreme cases general œdema manifests itself beginning with puffiness in eyes and swelling of feet.

Arsenic proves of great use in rheumatism of the heart. Dr. Nash has reported ( I. H. A. 1890, page 431 ) a case of a girl of sixteen summers who was suddenly taken ill with severe pain in the region of the heart. The pains were very excruciating causing her to cry out with every breath. I will cite the doctor's own words—"In spite of the best prescribing I could do, the case progressed from bad to worse until the following condition was present—viz: Great dyspnœa, could not lie down at all. Violent beating of the

heart, shaking visibly the walls of the chest. With first beat of heart very loud bellows sound. Waxy paleness of skin. Feet œdematously swollen up to knees. Great restlessness, wants to be moved from place to place. Great thirst for small quantities at a time. Pulse 110 to 120. Arsenicum 30, four doses of a watery solution, one hour apart and then waited. Immediate improvement which continued until the dyspnœa, swelling of feet, restlessness, and in short all the above symptoms except the blowing sound of the heart were removed."

*Angina pectoris* is another affection which Arsenicum may cure and in those desperate cases where no cure is possible it will help. I remember the case of a gentleman of about 50, who was relieved and benefited by Arsenicum to a great extent but finally succumbed. The symptoms are an agonizing pain in the precordial region, a sense of tightness around the heart, anxiety, difficult breathing, dyspnœa, fainting spells, etc. There is relief from sitting either bent forward or head thrown back.

Hartmann regards Arsenicum almost as a specific in this disease when it is unattended by any structural disorganization of the heart or of the larger vessels. He says "in my opinion and according to the experience I have had Arsenicum is the chief remedy more especially if the angina is a *pure neurosis*; its curative power is of course problematical, if the angina is complicated with disorganizations which we cannot cure and where we only expect a palliative influence. In this respect no remedy can be more certainly relied upon than Arsenic."

Before I close my remarks on this most agonizing of ailments let me caution against the indiscriminate use of Arsen. especially in its lower attenuations which produce terrible aggravation.

Ammon carb, Hydrocyanic acid and Digitalis are three other remedies very similar to Arsenicum and are quite as useful.

( *To be continued.* )

N. M. CHOUDHURI, M. D.

## Correspondence.

419 Boylston St. Boston, Mass.

*January 31, 1914.*

TO

THE INDIAN HOMEOPATHIC REVIEW,

CR. DR. J. N. MAJUMDAR,

203-1 Cornwallis Street, Calcutta, India.

Dear Mr. Editor :

Will you kindly give space in your Journal to the enclosed letter ? My object in making it public is to arouse interest in the Atlantic City meeting by all possible means. Later I will give you the names, if you so wish, of the members of the Cabinet for promoting interest in the coming meeting.

It certainly looks, from the activity of our membership, that we will have a large and wide-awake meeting. The arrangements for such are most ideal in so far as human foresight can anticipate.

Yours very truly,  
DEWITT G. WILCOX.

*ENCLOSURE.*

Dear Doctor :

We have arrived at a period in the history of the

American Institute when it becomes imperative to show our numerical strength. To the end that we may have an attendance at the Atlantic City meeting, which will demonstrate this strength beyond peradventure of a doubt, I am selecting a Cabinet of one hundred men, tried and true, who will pledge me their best services for this accomplishment.

I have selected you as one of that number because I know you are dependable and loyal to the cause. I want you to get at least ten new members for the Institute before June 1st, 1914. Physicians who have graduated within three years from said date are admitted for one dollar membership fee, (no dues), and one dollar for the Journal ( one year ). All others must pay three dollars membership fee (including first year dues ) and two dollars for the Journal ( per year ).

I also want you to get the promises of at least twenty physicians that they will attend the Atlantic City meeting of the Institute beginning the week of June 29th. If you find a physician who is eligible to membership but who refuses to join, kindly send me his name and I will use a "follow up" method that may secure him.

Do you realize that an attendance at this coming meeting of two thousand members, would do more toward placing Homeopathy in the ascendancy than all the propagandistic work we have done in ten years ?

Do you know there are fifteen thousand registered homeopathic physicians in the United States, representing seven millions of clientele ? Should we not have one third of the fifteen thousand physicians as members of the Institute ?

We can do this if one hundred of us bend our backs to the burden. Will you help us ? Please answer promptly and blanks will be sent you.

Yours for Homeopathic aggression,  
( Signed ) DeWitt G. WILCOX, *President*.

419 Boylston St., Boston, Mass.

*January 28, 1914.*

Dear Mr. Editor :

If it would interest your readers, you will be very welcome to use the following information.

D. G. W.

The many sided Dr. C. E. Sawyer is now acting as "advance agent and general manager" for the President of the Institute to "swing round the circle" and address a dozen state societies of the Middle West.

By careful planning and some shifting of dates on the part of the various state secretaries, Dr. Sawyer has arranged the following schedule wherein the President, Dr. DeWitt G. Wilcox, will not only address the members of the various societies, but in addition thereto will address general audiences of the laity, upon matters pertaining to modern medicine in general and Homeopathy in particular. It is the intention of Dr. Sawyer to have the Governors of as many states as possible present at these popular gatherings, and use the occasion to the fullest for the advancement of the cause of Homeopathy to the laity.

Dr. Sawyer and the President together with the various secretaries of the state societies are studying every detail of this proposed trip to get in some sledge hammer blow for the good of the cause.

The Itinerary is as follows :

Ohio State Society at Columbus, May 11 ;

Michigan State Society at Saginaw, May 12 ;

Indiana State Society at Indianapolis, May 13 ;

Illinois State Society at Chicago, May 14 ;

Missouri State Society at Kansas City, May 15 ;

Iowa State Society at Des Moines, May 18 ;

Minnesota State Society at Minneapolis, May 20 ;  
 Wisconsin State Society at Milwaukee, May 21. \*

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## HOMEOPATHY.

### ITS INTERNATIONAL PROGRESS AND ECONOMIC VALUES.

"The International Progress and Economic Values of Homeopathy" was the title of a lecture, largely illustrated by lantern slides, given by Dr. E. Petrie Hoyle, M.D. ( U.S.A. ), the hon. secretary to the International Homeopathic Council, at the Temperance Institute, on Wednesday, February 4th. Dr. Simpson, J. P., presided over a large attendance.

The work of the International Homeopathic Council embraces a direct inter-communication with 24 countries where homeopathy is practised. The lecture on this occasion was to try to arouse more sympathetic interest in the local Homeopathic Cottage Hospital.

The Lecturer said that "the status of homeopathy must not be judged by the size of the local Cottage Hospital," but he also remarked "that the small size of the Hospital in question must not be considered a crime" as many things must have small beginnings. One point made clear by the lecturer was that homeopathy has never received a trial by the "Orthodox" school of medicine. He also showed that the original fight against homeopathy, was in the first place organised by the chemists, and not by the profession, and this dated from 1819 at Leipzig, where the Court held that "the rights of the chemists must not be encroached upon." Their

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\* We have been requested by Dr. Wilcox, President of the American Institute of Homeopathy to print and circulate the above letters in the cause of Homeopathy, and we most gladly do so. It will not be possible for us to send many members to attend the meetings of the Institute from far off India, but still the meeting will have our best wishes. India can also assure that she is not lying idle in the propagandistic work that is now being carried on all over the world.—J. M., ED., I. H. R.

fear was that their pockets would suffer if this homeopathy succeeded in establishing its "single drop doses at a time, and the divided drop of medicine at that." So the original quarrel was a "mercenary one of the chemists." Hahnemann, the founder of homeopathy, saw very clearly that to place his prescriptions in the hands of these "envious" chemists was to court disaster, so he preferred to "move on," making ten moves in all, through so many German principalities, until he found "safe anchorage" at Paris, where he practised with fame until his death, receiving many physicians, as pupils, from all over the world, but chiefly from U.S.A. and Brazil, but including England. There was no question as to Hahnemann's capacity, as he was a past master in both manufacturing and pharmaceutical chemistry. The whole "persecution" was a most sordid one, and covering very grave consequences, as **"lives were at stake,"** The profession took up the quarrel some two years after, when they burned all the homeopathic medicines they could gather in the churchyard of St Paul's in the Court University town of Hornburg and Franz (page 117 of his life by Dr. Bradford). Persecution has been the portion of nearly all men "who have enlightened art or science," and Harvey, Auenbrugger, Semmelweis, and others have suffered as Hahnemann, yet the circumstance of Hahnemann's persecution is not excused by this sorry fact. The status and discredit of the trouble to-day was that the orthodox profession had never made any public test of homeopathy, but all they have done is to hand down the "tragedy" of the past century. The lecturer made clear that whilst the "enforced" separation was none of the homeopath's wish nor making, there was one grain of good in it, namely that this persecution had kept homeopathy pure! Until now it had extended all over the world! The dark side of this persecution was that it had undoubtedly kept many sufferers from enjoying the benefits of homeopathy, the total misfortune of which could only be vaguely summed up in the light of the statistics which the homeopaths had collected. Many public men and great thinkers have embraced homeopathy, and it is a natural thing to suggest that there should be

a public test of homeopathy by the Governments of all countries, in the light of the century's "unbroken record" and "unwavering practice." One thing was necessary, namely, that such a "test" should be made under suitable guidance and instruction, as it was not to be supposed that any man could be successful with homeopathy or anything else without some instruction or guidance. Still they were bound to say that the whole matter should be thrashed out in the interests of science and public safety ! Any therapeutic method which can stand the onslaught of persecution for over a century and at the end of that time be stronger and still gaining adherents, both in private life and at the hands of various Governments, was surely in need of more extended trial than can be obtained at the hands of any private corporation. The tremendous difference in the **"recovery rates"** of the **"insane cases"** under which the whole country was groaning from heavy taxation, was sufficient cause for Governmental inquiry. Here the homeopaths, from statistics gathered from and compiled by State authorities, show that they have **50 per cent. better recovery rates.** Homeopaths tested their drugs on healthy human volunteers, and the opposite method made theirs otherwise to say the least of it ! Which method produced the best results ? The homeopaths tested "one drug at a time, i. e., singly. Surely there was simplicity in this which must tend to greater exact knowledge, and what were the ultimate results ? Another point with the homeopaths was that they declared that they had used the smallest amount of drug possible, with a tendency to lessen that amount if direct beneficial action was not seen. This method, the Lecturer said, was practically unique with the homeopathic school ! Another vital point with the homeopaths was the great stress they placed on the individualisation of the peculiar and particular symptoms of each patient. For each different sort of pain different medicine would be required, and they had found out the differences by testing the drugs on healthy human beings, who were able to recount their pains in a way impossible with rabbits, monkeys, or frogs. Animal lovers would be pleased to note that the homeopaths have no need to

have recourse to animal experimentation ! Another point that the Lecturer made was that the "size of the dose" had nothing to do with homeopathy. The only guide to the application of the dose is the idea that governs the choice of the dose, large or small. "Similia" is the sole guide ! As a matter of fact the outcome of the small dose was arrived at some 32 years after the formulation of the Law of Similars, which law was formulated in 1796, whilst the size of the dose was a question authoritatively spoken of in 1828. One rule that the homeopaths had arrived at was that the "size of the dose" must ever be sub-physiological, in other words, be so small that it could never aggravate any of the disease symptoms ! Every homeopath was graduated from the same schools or universities as any allopath, or member of the orthodox school, and this point wanted a lot of emphasising, as many people were under quite a wrong impression, having been wrongly taught thereon. The study of homeopathy was something extra over and above the legal qualifications required, hence the homeopath's view must be broader, the Lecturer said. Dr. Hoyle said that the leaders of the homeopathic school expected that some day the laity would ask of them "Why they were not told all about the subject years before ?" That was a point that the International Homeopathic Council had set itself to correct as far as possible, and as quickly as possible, making it known that its campaign was one of education and not advertisement, and to correct the wrong impression that had been spread. The lecturer made it clear that homeopaths did not neglect bacteriology, preventive medicine, pathology, sanitation, hygiene ; in fact, he pointed out that Hahnemann was some 40 to 80 years ahead of orthodox medicine in mentioning these very things, as was to be seen in his "Lesser Writings," which fixed the dates for the homeopaths, for therein he mentioned such things as isolation and quarantine, the immunity being written up by the allopaths in 1887, or some 90 years after Hahnemann ; he gave to his colleagues strict rules for sterilisation as regarded temperatures and time ; he laid down rules to govern personal hygiene of doctors and nurses, which embraced the rendering themselves aseptic and antiseptic : and

this was some 50 years ahead of Semmelweiss, who rid the Viennese hospitals of puerperal fever, and therefore some 80 years before Lister, and perhaps Lister had read of these two men. Hahnemann also forecasted the microbian origin of disease in the early '30's, which was some 50 years ahead of Koch; hence it shows that a homeopath, and no less than the founder of homeopathy, had very much priority in science. Hahnemann also gave full credit to Hippocrates for early mention of the law of similars, in the following words, which are to be read in Littré's translation of his works, vol. vi. page 335. Hippocrates said, "Disease is produced by similars, and by similars, which the patient is made to take, he is restored from disease to health. Thus, that which causes a stranguary where there is not any, removes a stranguary where it exists; a cough, as well as a stranguary, is caused and removed by the same substances"; and Hahnemann quoted other authors who had had glimpses of the fact, curious to them, and nothing more. The "law," Hahnemann declared, had existed from all time. It was Hahnemann's genius that gave precision to the law. The Lecturer drew attention to the fact that "as we are in the minority everywhere, we could never have received the marks of approval, administrative and financial, as was shown by the slides, unless the homeopaths had proved that they were superior in a great degree, somewhere and somehow." Moreover, the Southport Homeopathic Cottage Hospital must not be considered as an "interloper" in any sense, as long as the service it belongs to and upholds is capable of maintaining the very remarkable and low death rates, as is to be gathered from State statistics. (Applause.)

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### SCILLA.

By Horace Holmes, M. D., Sheridan, Wyoming.—*Scilla maritima*, or squills, is the common squills of household and old school practice. It is a sea onion found about the Mediterranean. There are two varieties, the white and the red,

the latter of which is used in the preparation of our homeopathic remedy. We use it in the form of a tincture.

Scilla was proved by Hahnemann and his associates and but little has been added to its literature by either Allen or Hering in their complete works. The latter author starts his article in Guiding Symptoms with : "Great Anxiety of mind, with fear of death," so identical with aconite and arsenicum. This symptom, like so many others in our materia medica, may be misleading, as both anxiety and the fear of death may not be present at the same time. As anxiety was a prominent symptom, and fear of death was observed, Stapf put the two together. We may meet with anxiety under this remedy but not necessarily fear of death. The patient is irritable, angry about trifles as in chamomilla, with aversion to mental or physical labor, which might make sea onions a good diet for Coxy's army.

The headache of scilla reminds us of bryonia. There is headache in the morning on waking, pulsation on raising the head. The child rubs its face and eyes a great deal, which is similar to cina. Cina rubs and picks at the nose, while in scilla it is the face and eyes, as if to relieve the itching.

In the eyes there is a sensation as if swimming in cold water, or sensation of cold water in the eyes when in cold wind. Remedies having a somewhat similar symptom are : Lachesis has "cold tears." "Cold feeling in eyes" is found under berberis and medorrhinum while thuja has "sensation as if cold air was blowing out through the eyes." "Eyes seem cold," euphrasia. "Coldness in eyes," alumina, conium, lycopodium and platina. The upper eyelids may be swollen in scilla as in kali carb. Elaps has the symptom, "Bloated around the eyes in the morning."

Scilla has an exciting action on the mucous membranes as shown by the symptoms of the whole respiratory tract and

the urinary system. There is sneezing, coughing and watery eyes so characteristic of *allium cepa*, *euphrasia* and *pulsatilla*, and in measles. There is an acrid, fluent coryza, worse in the morning. Hering characterizes it as "A regular snizzle," if anyone knows what that means. "Snizzle" is a new word to me, and is probably a misprint for snuffle. This symptom reminds us of one of the other onions, *allium cepa*. The nostrils are painful as if sore, with violent coryza, as in *allium cepa*, *arsenicum*, *arsenicum iodatus*, *arum*, *mercurius cor.*, etc.

Food tastes bitter, especially bread. *Asarum* has "bread tastes bitter."

There is great irritation, burning and dryness in the throat, like *arsenicum* and *capsicum*. There is an irritation to cough, in upper part of trachea. There is nausea during morning cough, and nausea in back part of throat. This is probably sympathetic, caused by the irritation and fullness in throat.

Among the stomach symptoms we have "pressure like a stone," characteristic of *arsenicum*, *calcareo carb.*, *graphites*, *nux vomica* and *pulsatilla*.

Stools involuntary when coughing, sneezing or passing urine. *Phosphorus* has involuntary stool when coughing, and this symptom I have repeatedly verified. *Sulphur* has voluntary stool when sneezing. Involuntary stool while urinating is covered by *ailanthus*, *aloes*, *muriatic acid*, *scilla*, *sulphur* and *veratrum alb.* *Scilla* is the only remedy having all three conditions causing involuntary stools. This symptom, together with the throat symptoms, shows *scilla's* relaxing effect on the orifices of the body.

The urinary symptoms point to the use of this remedy in certain dropsical affections, cystitis, enuresis and diabetes. There is sanguinolent urine, with a red deposit, as in *terebinth*,

with tenesmus after micturition, as in *Cantharis*. The frequent calls to urinate at night, passing large quantities of pale urine, recalls *Phosphoric acid*. There is violent urging to urinate with large quantities of pale urine, which suggests the remedy for diabetes. •

In its action on the kidneys, Hahnemann brings forth an illustration of the primary and secondary action of *scilla*—which applies to many other remedies—notable *apocynum can.*—and which should be borne in mind by the superficial homeopath. *Scilla* in large doses causes a profuse secretion of urine and was used by the Egyptians in dropsy and with great rejoicing when this large discharge of urine was produced. But the secondary action, which is a scanty secretion, soon follows, and the disease is really made worse by the remedy. We homeopaths, as well as all other physicians, should realize that a prompt, active diuretic is a bad remedy to give in dropsy due to insufficient urination, for while the primary action seems to produce the desired results and to indicate intelligent practice, the secondary action, which is opposite and sure to follow, leaves our patient worse than before. This recalls Hahnemann's early observation, while he was an old school physician, that many of his patients would have done better had he left them alone.

It is mainly in the respiratory tract that we find the useful sphere of *scilla*. It covers bronchitis, pneumonia, whooping cough and asthma. There is wheezing, rattling and dyspnoea. The patient must sit up. There is shortness of breath on exertion and ascending, as in *arsenicum* and *calcarea carb.* There is dyspnoea so great that the patient cannot drink for want of breath. *Kali nitrate* has the same symptom. The child grasps the cup greedily, but can only drink a sip at a time for want of breath.

The cough is terrific, and its fierceness, persistency and

staying qualities are equalled by few remedies. We find the peculiar symptom : "Spurting of urine when coughing." This is found under but few remedies, notably alumina, causticum, conium, natrum muriaticum, pulsatilla and veratrum album. The cough is dry "at night and loose in the morning. It is more fatiguing when loose than dry, but is tedious at any time. The cough is worse from cold drinks, from exertion and from change from warm to cold air. Silicea has cough worse from cold drinks, while cough worse from change from warm to cold air calls for principally carbo veg., phosphorus, rumex, scilla and veratrum album.

Scilla is indicated in the cough of measles and also by the skin symptoms of that disease.

Every fit of coughing winds up with sneezing and involuntary urination. I have several times verified this symptom. The sputum is white or reddish mucus. It may be sweetish and offensive, as in calcarea carb. and stannum. It may be in small round balls, very difficult to expectorate. Drinking cold water brings on the cough. Lycopodium has cough aggravated by drinking cold water, silicea cough excited by cold drinks, while causticum has cough relieved by drinking cold water.

The chest and lung symptoms are most similar to bryonia. There are stitches in the chest, stitches under the last ribs, stitches on inspiration, stitches under scapula, and severe stitches under sternum—so severe as to make it difficult to draw a breath. Bryonia and kali carb. are probably the nearest related to scilla in stitches in the chest. There is profuse secretion of tenacious white mucus, expectorated only after severe coughing. Hering gives the indication, once very valuable but now obsolete : "Especially suitable in pneumonia and pleurisy after blood letting."

One must not forget that the arguments regarding the

action of scilla in dropsical affections, when given in appreciable doses, apply also to lung and bronchial troubles. Large doses of squills increase the mucous secretion and thereby make expectoration easier. This is the primary action. But the secondary, opposite action follows and if the trouble is long-lasting, or with a chronic tendency, the mucus becomes tougher and the cough dryer.

There is convulsive twitching in the limbs, both in arms and legs, worse mornings and from motion. There are cold hands and feet and cold foot sweat. Rheumatic pains which are worse during motion. The limb symptoms remind us of bryonia and calcarea carb. "Icy cold hands and feet, with warmth of the rest of the body," is a symptom found in such words only under scilla and menyanthes. Icy cold feet calls principally for cedron, elaps., phosphorus, scilla, silicea and veratrum album. Sweat only on toes, scilla. Sweat under toes, taraxacum.

In fever there is aversion to being uncovered. When he uncovers during fever he suffers from chilliness and pains, as in nux vomica.

Scilla is not only compatible after bryonia, but it is a very close analogue of that remedy. It has its opposite symptoms in cough, as bryonia is worse in change from cold to warm air, while scilla is worse in change from warm to cold air. In the furious, exhausting cough we would compare it with corallium, cuprum and stannum.—*Homeopathic Recorder*.

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## MEDORRHINUM.

BY S. M. SEN, B. A., L. H. M. S.

As long as old school physicians, with their powerful array of injections and other suppressive measures, flourish,

there will always be needed a remedy like *Medorrhinum*. When a man contracts gonorrhœa, he goes to a physician and gets an injection, or takes some proprietary drug or other, some of which profess to give relief by a single dose and a cure within seven days. The patient is much satisfied with the result. He sees the discharges, the burnings and all other urinary complaints vanish in a short time and thinks himself perfectly cured of the consequences of his sin. But we must not judge too soon.

Treatment may be divided into two classes, the one directed against the patient as a whole and the other against his local symptoms, against the few symptoms which are prominent and troublesome. And this latter method may be termed suppressive or palliative treatment. If a suitable remedy be administered against the patient as a whole the first effects will be the beginning of establishment of order in the internal or vital organs and throwing off of all disorders on the extremities or external organs. The patient will then find an aggravation of the discharges, etc, and they will continue to be so until a perfect order is not established within the internal organs. In suppressive treatment the drug is directed against the disease and consequently acts only on the organ or organs most affected and promptly stops the discharges and all other troublesome urinary symptoms. But remember that to stop the discharges before a perfect order is established in the internal organs is to stop the safety valves of the engine—you stop thereby the outlet by which the dreadful poisons are being eliminated from the system and the result is dangerous and fatal at the end. Such are the effects of injections and all those proprietary drugs, and the natural and general conclusion is that gonorrhœa is not curable radically and permanently, and it will remain so as long as their sole efforts will be directed against the

local symptoms only in exclusion to the patient as a whole.

Innumerable are the sufferings that result from maltreated and suppressed gonorrhœa. Not only does the patient suffer dreadfully but his wife, his children and even his grandchildren must take a part to atone for his sin suppressed. Here Medorrhinum steps in as a great healer to the suffering humanity, for it is mostly indicated in cases of maltreated and suppressed gonorrhœa with its aftereffects, rather than in its primary symptoms. But it must be used, like all other remedies, only when indicated, when the symptoms of the patient correspond with the symptoms of the remedy.

Dr. Allen in his 'Nosodes' gives the following as the after-effects of suppressed gonorrhea :

"Obstinate rheumatism.

"Carbuncular boils that seem small, discharge slowly and show dark red streaks.

"Leukemia, of Grauvogl and Virchow, occurring in children of sycotic parents.

"A girl of 17, of tubercular history, with the same rheumatic order of symptoms, with epistaxis, hemoptysis, albuminuria, endocarditis, with suffocative attacks and violent palpitations ended in permanent disablement.

"Glandular enlargement in various parts of the body, with rachitis, is traced to hereditary gonorrhœa ; patients are better at the seaside—Gilbert.

"Wildes thinks that the suppression of favus when derived from gonorrhœa in the father leads to hydrocephalus, capillary bronchitis, obstinate teething diarrhœas and cholera infantum ; if derived from the grandfather, the suppression leads to consumption and lingering diseases.

"Fiery red rash developing about the anus in babies a few days old ; constipation with hard dry stools ; when the nurses

say "Baby's water scalds it terribly", the indications for Medorrhinum are clear. He regards the latent and gonorrhœal taint as the true explanation of many of the disease manifestations included by Hahnemann under psora. Among other diseases he traces vascular meningitis in infants to the same source.

"Burnett appears to confirm this as he traces gout and some forms of rheumatism to a sycotic origin.

"Næggerath says—latent gonorrhea in husband may cause in wife acute and chronic perimetritis, oophoritis ; if impregnation results, abortion follows, or only one child is born ; exceptionally two or three.

"I have traced epithelioma, phthisis, cauliflower excrescences, sterility and erosions to a sycotic origin ; pernicious anemia often has gonorrhea as its base ; suppressed gonorrhœa may produce iritis, syphilis produces it without suppression.

"The suppression of the external manifestations of gonorrhœa seems first to involve the central nervous system functionally, and is much later in attacking the organism destructively."

Now as to symptoms indicating Medorrhinum.

A sycotic person looks *delicate* constitutionally, and *lacks* so much *vigor and vitality* as to remain sick always. The *best selected remedy acts a little* being unable to proceed further. The reason is that the latent gonorrhea or sycosis puts a potent hindrance to the patient's recovery and unless you can act effectively at the root, he will gradually break down despite the best selected remedy. Here a dose of Medorrhinum high, if indicated by the symptoms or at least if history of sycosis may be traced, will put everything right and the patient will gradually proceed onwards to recovery. Here is a case which will beautifully illustrate this point.

In summer, 1875, I had an obstinate case of acute articular rheumatism in a man aged 60, from June 11th. to September 5th; he suffered excruciating agony from neuralgia. After a desperate battle for life during the first week of September, he was relieved, and arose from his bed a wreck. It was expected that time and out-door life and the best hygienic measures would restore him to health. But weeks and months passed without change; he walked the streets leaning on a cane, bent over, muffled in wraps to his ears, and looking like an old man about to fall into the grave. Three months after my attendance I saw him pass my office, and considering his previous good health and robust frame the question arose: why does he remain in this condition? Is there any miasm hereditary or acquired uncured to explain the obstinacy of the case? Could it be a gonorrhœal taint? For reasons unnecessary to mention I could not ask.

Dr. Swan's suggestion now occurred to me:

"An obstinate case of rheumatism might be due to latent gonorrhœa, and Medorrhinum high will cure it; in many cases where improvement reaches a certain stage, and then stops, Medorrhinum has removed the obstruction and the case progressed to a cure; and this too in cases where gonorrhœa appeared to be a most unlikely cause, teaching us, if anything, the universality of latent gonorrhœa and the curative power of the dynamic virus.

"His wife consulted me on other matters, and said 'her husband was as well as could be expected considering his age; she believed he would not do anything more, as he regarded his feeble state due to his age.' However, he came next day, and I gave him three doses of Medorrhinum, to be taken every morning; within ten days he returned feeling well and looking well. I then gave him one dose to be taken after some time; this was the last prescription he required.

Within the month, after the Medorrhinum, he dropped his cane and muffler, walked the street erect with a firm step a perfectly well man, having increased in weight from 140 to 212 pounds."—Allen's 'Nosodes.'

As to development in the baby it is much delayed. It is *pale and rachitic, dwarfed and stunted* in growth; *dentition, walking and talking are all later* than normal. *Nutrition is very defective* and it can scarcely digest what it takes. Hence it has attacks of persistent diarrhœa and even cholera infantum, generally with green or yellow and offensive stools.

The following case is from Dr. Allen's 'Nosodes': "Patient suffering from infantile diarrhœa which persistently relapsed despite most careful prescribing. Remembering the father's history whom he had treated for gonorrhœa a year and a half before the patient was born, Medorrhinum was given with a perfect cure."

Emotion, intelligence and memory are all affected. On the emotional side he has a *wild and desperate feeling*, as of incipient insanity. He *cannot speak without crying*. There is a *tendency to suicide*. He is usually *depressed* and has a *fear in the dark*. He is always *anticipating*; feels most matters sensitively before they occur and generally correctly.

The patient has a perverted intellectual condition. She thinks some one is behind her, hears whispering; sees faces that peer at her from behind bed and furniture. *Time moves so slowly* that things done an hour ago appear to have occurred a year since. Hence he has a *feeling of hurry*.

The patient is *forgetful of names, words, etc.*, but instead of forgetting *occurrences*, during certain periods of time, like Syphilinum, forgets what he is reading, even to the last line read; he *cannot concentrate his attention*; thinks words spelled wrong and have no meaning, etc.

The best *posture* of the patient is *on the front of the body* with the back up. The cough has a marked amelioration by lying on the stomach, by resting on the front of the body.

"A young French Canadian of delicate constitution, after working in a factory all winter, began coughing in spring and running down in health. He returned home and came under my care in May. The cough persisted and prostration increased, inspite of carefully selected remedies, and the patient took to his bed. It was then observed by me that the cough and general condition was *better from lying on the face*. This coupled with a knowledge of there being a sycotic taint in the boy's parentage, suggested Medorrhinum, which was given. The next day a profuse gonorrhœal discharge appeared, and the cough and all threatening symptoms promptly disappeared. Exposure to contagion had occurred several weeks before, but from lack of vitality the disease could not find its usual expression and was endangering the patient's life."—D. C. McLaren.

One strong characteristic of Medorrhinum like all other sycotic remedies, is that it has an *aggravation* during the daytime, *from sunrise to sunset*, and is better at night. It can thus be distinguished from Syphilinum and the other syphilitic remedies which are all worse at night, from sunset to sunrise. This aggravation of Medorrhinum may be felt early in the morning at about 3 or 4 A. M. or when the sun begins to be hotter at 10 or 11 A. M. Hence the patient is brighter in the evening, but always wakens tired in the morning.

The patient is always worse from warmth, even when too cold to be fanned. There is a state of coldness, a state of collapse (as in cholera), yet he *wants to be fanned* all the time (Carbo v.); craves fresh air; his skin is cold, yet he throws off the covers (Camph, Sec.).

But the patient is also *worse by wet, damp, draughts and thunderstorms*. According to Grauvogl persons of hydrogenoid constitution, i. e. those who cannot bear wet, damp weather, are prone to gonorrhœal infection.

There is another aspect of the general condition which is worse in land and *better near the sea-shore*. (Dr. Gilbert says that in syphilis the patient is better in the mountains.) Hence, I think, the syphilitic patients will find a comfortable resort in Darjeeling or any other hilly town, and the sycotic persons in Puri or anywhere near the sea.

The desires are also perverted. There is an insatiate craving for liquor, which she hated before. He has a great *craving for salt and sweets*; craves *ale*; *ice*; *hard, green fruit*; *sour things*; *oranges*. Probably hard, green fruits are desired because they are sour in taste.

There is a peculiar symptom in constipation: can only pass stool by leaning very far back.

"I cured with Medorrhinum 200 a most aggravated case of constipation on this indication. The patient said he was obliged to lean far back on the seat or he could not get rid of the stool. He was passing urine containing long white mucous shreds. Many years before he had gonorrhœa."

—J. H. Clarke, M. D.

"Thomas Wildes considers that favus and scald-head and ophthalmia tarsi simplex (margins scaly, scurfy, often angry red, falling of lashes) are due to suppressed gonorrhœa in one or both parents. The *red, angry condition of skin* may extend from face or scalp, down neck and back to perineum and genitals. A girl of 11 had been treated by many physicians with salves and ointments to the general impairment of her health. Face mottled with a profusion of red scurfy sores, eyelids involved and nearly denuded of lashes; hairy scalp, one diffuse mass of thick yellow scales, from beneath

which oozed a highly offensive mixture of ichor and serum. Passing down neck, back, perineum and involving genitals and pubes was a *fiery red band* as broad as the child's hand, oozing a pale yellow serum which caused the clothing to stick to the body. Wildés told the mother he could cure the case, but it would certainly get worse the first three months. This was not objected to. Medorrhinum c.m. (Swan) was given, one dose on the tongue. The external appearance grew rapidly worse, but appetite, sleep, and general health steadily improved, and in nine months she was completely well."—*Clarke's Dictionary of Materia Medica*.

Like Sulphur the patient has much *burning all over*, especially of hands and feet, wants them not only uncovered, but fanned. Dr. Krichbaum, M. D., says: "I have used Medorrhinum where we have many symptoms of a burning character and Sulphur does not relieve or bring on a reaction. I always get results in those cases from Medorrhinum."

The remedy is best administered in potencies 200 and upward.

Dr. Kent omitted this remedy in the first edition of his *Materia Medica Lectures*, but in the second edition he has however, added it.

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## Clinical Cases.

### I.

#### Typhoid Fever—A Sramonium Case.

On December 26, 1910, I was called by Babu G. S., a clerk in the Canal Office, to see his boy aged four, who had been suffering for the last nineteen days from typhoid fever. I found the boy senseless, his head projecting towards the pillow every minute with a shrill cry, temperature 103°, slight bronchitis, pulse 120 and compressible. I heard that the boy was senseless and his voice lost since the fourteenth day of fever. I felt it was my first case in this city and the

case was too far gone. But my doubts were removed when B. G. S., the father of the patient, said that all sorts of treatment had been gone through. The Allopathic mixtures were of no avail and now they could not be poured down the throat. The Vajdas gave medicines for smelling to bring down the Vayu from the head. This also failed. I prescribed Rhustox 6 dry on the tongue, one dose every two hours. An elderly Bengalee gentleman who was with me and who had a smattering of Homeopathic knowledge from the popular Bengali works, took me to task for my prescription. He said the boy was having convulsions and the best medicine that could be prescribed for convulsions was Cuprum. I said I had my own reasons for prescribing Rhustox or any other medicine that I might choose; but that I was never a pathological prescriber. All these discussions unfortunately took place in the presence of the patient's father and his relatives. So to put an end to the discussion I asked the father of the patient either to follow me or follow him. However with Rhustox the movements became less and less but the other symptoms remained the same. I hunted for the similimum and on the 27th. gave Stramonium 30. On the 28th. December '10, I saw the boy in the morning. The temperature was 99.5. Pulse nearly normal and strong and the boy had recovered his senses, but could not speak on account of the paralysis of the tongue from which he was suffering since the fourteenth day. The boy took another fortnight before he was free from fever. During that time the patient gradually improved. The fever became intermittent for several days before it left altogether.

During the last fortnight the boy was treated for bronchitis with Bryonia and Calcarea phos. Calcarea phos cured the last chronic cough. Nux vomica 6 was used for constipation. Aconite 30, two doses, every half an hour reduced the temperature when it was above 105° during the intermittent stage. Sulphur 30 was used one dose per day in the morning during the intermission. The case resembles that described in pages 76-77 of Nash's *Leaders in Typhoid Fever*, which every Homeopath should constantly use

whenever he is treating a case of remittent or typhoid fever. But unfortunately I was not acquainted with the book and I made the selection from the pages of *Materia medica* with great care, as every Homeopath should do in a difficult case. B. G. S., the father of the patient, was fortunately a fascinating speaker in Vernacular and this qualification of his contributed in no small measure to the popularity and fame which I gained in this city.

## II.

### Pleurisy - A Bryonia Case.

On the 8th. February, 1913, I saw M. K.'s daughter aged about 30, suffering from pleurisy. She was treated at Agra for three months. Severalappings were made and she appeared to me to be in a dying condition. There was slight fever, the right side seemed to be more affected than the left and there were stitching pains day and night. Could not move, lay flat, breathing difficult. I prescribed Bryonia 30, for 24 hours, one dose every three hours, but there was no improvement. I changed it to Iodine 6. The stitching pain increased and she became worse. I again prescribed Bryonia 30 four doses per day and continued for five days. The stitching pains nearly subsided and one night at 2 A. M. profuse expectoration set in and continued for two or three days and then all her troubles were at an end. She recovered in one month

J. C. GHOSAL, B. A.

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## Book Review.

**Diseases of the Skin Including the Exanthemata  
for the use of general practitioners and advanced students.**

BY FREDERIC M. DEARBORN, A. B. M. D.,

*Professor, Dermatology in the New York Homeopathic  
Medical College and Flower Hospital with two hundred thirty  
illustrations in the text.*

Boericke and Tafel, Philadelphia 1913.

It is a classical book on diseases of the skin for the homeopathic

profession and very useful for those for whom it is intended as the author says in the title page. In the beginning the author does very well to give a descriptive anatomy of the various structures of the skin. Physiology, symptomatology, etiology, diagnosis and classification of the skin diseases are dealt with very fairly in the general considerations. Treatment internal and external is also included in this. But in this subject we are not so pleased as with the other portion.

In the first place we have found very little to help a practitioner or a student to select a right remedy for the case. In the general way the names of certain remedies are placed in the form of a list and no hint about their application in actual case in hand. Dr. Dearborn must have considerable experience in the treatment of skin diseases and every practitioner of homeopathy expects some guiding indications for the selection of a right medicine. In this respect we are sadly disappointed. In many places we are at a loss to understand whether we are reading an allopathic book or one from the hand of a veteran skin specialist. For instance in the treatment of dermatitis exfoliativa, neonatorum the author says "Although such local measures as are applied in psoriasis are indicated, the only successful treatment reported has been the vigorous and persistent application of pygallic acid externally, and the internal use of large doses of dilute hydrochloric acid to counteract the poisonous effects of the pygallic absorption."

Is this homeopathic treatment and can a teacher in a renowned homeopathic medical college impart such teachings to his class? Every practitioner of medicine both of the new and the old schools knows very well that all skin diseases originate more or less from constitutional causes. So it is the duty of a physician to correct the constitutional taint before he is expected to cure the disease. This is the view advocated even by the allopathic doctors at the present day.

In the treatment of Lepra the author gives us only the external applications of various kinds and only mentions the names of a few homeopathic medicines for internal use. We have cured numbers of such cases with indicated remedies, preferably among them are Bacillinum, Hydrocotyle, Hepar sulph, Tuberculinum, &c, &c. Chammoogra oil has been extensively tried in the Calcutta Medical College (allopathic) with seldom any benefit.

However the book is nicely got up and contains many things very important for homeopathic physicians to know and so we recommend it to our practitioners and students.

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# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
\*• collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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## SANITATION OF BENGAL.

We hear so much about the introduction of modern sanitary measures that at times we think that at no very distant date diseases would become unknown in India. But in spite of it all, the fact remains that malaria and its kindred diseases claim their victims by the thousands, while plague, cholera and the other epidemic diseases make their appearance from time to time and destroy thousands of human lives. We find the Government trying hard to improve the state of affairs, but so long as people are not educated more properly in these matters, it is hard to change this state of things. In England and other European countries they have arrived at a state where epidemic diseases are almost unknown. One of the great doctors remarked sometime ago that the future physicians of England would be required not to attend to people when they actually get sick but to attend to people to teach them how not to get sick. Moreover the hospitals and charitable institutions are so perfect in their arrangements and work, that people flock to them when they are sick. But what do we find in India? Excepting in large town,

hospitals and dispensaries are a rare commodity and even when one is found, people are so ignorant and they have such prejudices that they are reluctant to go to hospitals. Moreover, the habitation of the Indian is anything but perfect. In most of them there is no free ingress and egress of air and light. The drainage is almost universally defective, in fact in many places there is no drainage at all. Stagnant decomposed water is allowed to collect in small ponds all over the place surrounding the habitation of people. Moreover, the caste system is another great drawback to our preservation of health. If a man belongs to the higher castes, he will never do the menial work of house cleaning, clearing the jungles &c even if he be starving. And the demand for working men or low class people, as they are called, are ever on the increase. In fact it is very difficult to find workmen to attend to sanitary works in many places. Government officials often advise the taking of quinine &c for the prevention of malaria &c, but they are quite futile unless we are able to remove the cause of disease by changing our mode of living and converting our habitations into more sanitary structures.

J. N. M.

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### ARSENICUM ALBUM.

( *Continued from page 73, No. 3, Vol. XXIII.* )

Besides Arsenicum we find Hartmann advocating Plumbum, Sambucus, Angustura, Lactuca virosa, Veratrum alb, Asafœtida and Sepia; but we must not forget that the totality of the symptoms is our sole and the only guide in the selection of the remedy.

Arsenicum has got a wide range of application in the

ailments of the respiratory system. It affects the larynx, the bronchia, and the lungs. Thus we are called upon to use it in laryngitis when his voice becomes hoarse, weak, trembling and uneven, sometimes amounting to real aphonia. This is accompanied by a burning pain in the larynx. There is also a constant titillating cough induced by a sensation of sulphur vapor in the larynx. The spasm of the glottis too may also be present. In very advanced cases where there is extensive ulceration, we notice a sort of an acrid sero-purulent discharge from the throat.

Arsenic is a capital remedy for asthma, and I can myself testify to its usefulness. I have often relieved asthmatic paroxysms by its application. We use this remedy both in acute and chronic asthma and when it is periodic in nature. There is very often with this asthma co-existence of emphysema and cardiac affections and his dyspnœa is particularly aggravated by lying down. One thing that strikes us as very peculiar is that the paroxysms almost always come on at about *mid-night* when with anguish and suffocation he hurries out of bed and keeps panting and wheezing, bathed in profuse perspiration—his limbs cold and stiff as if he is going to breathe his last. The paroxysms abate as soon as he begins to cough and throw off mucus of a tenacious viscid character.

Arsenicum is an invaluable remedy when the asthma results from suppression of eruptions and in children of enfeebled and impaired constitutions. The Arsenic asthma is always worse from exertion, talking, laughing and atmospheric changes.

Ferrum met. comes very close to Arsenicum in as much as in the former remedy we find a similar mid-night aggravation when the poor patient is compelled to sit up and walk slowly about. He talks slowly and keeps his chest uncovered for these manœuvres bring him decided relief. These

patients flush very freely and they are frequent subjects of epistaxis.

Another similar remedy is *Graph.* As in Arsenic the paroxysms come on at mid-night when our patient has to hurry out of bed in great anguish and suffocation and hold on to something for support ; but the characteristic difference is that he feels very hungry at such times and a few morsels bring him untold relief.

Now let us consider a sister ailment—Phthisis and the relationship of Arsenicum thereto. There is scarcely a remedy in our entire Materia Medica that has proved more serviceable in Phthisis either in its stage of incipency or in the most advanced state than Arsenicum album. Many cases of Phthisis in its incipient state and quite a few cases in the advanced stage have been cured by the timely and judicious application of this great anti-psoric. Its indications are very clear-cut and well defined. The first symptom that attracts our attention is the gradual and progressive emaciation. The patient eats well but he does not thrive much. This is also characteristic of Nat. mur and Iod. He also complains of frequent, *acute, sharp, stitching, darting pain in apex and through upper third of right lung.* This is accompanied by a sense of constriction which is more noticeable on going up hill. He suffers from a sort of titillating cough produced by a sensation of sulphur vapor in the larynx. The *expectoration is mainly frothy* and this is considered an important characteristic of Arsenicum although sometimes we may notice a tenacious, viscid, yellowish green and blood-stained sputa. Hemoptysis may also be present, for some morning he hawks up a goodly quantity of fluid, bright-red blood and he is so weak and poorly that each fit of coughing leaves him bathed in profuse perspiration and intensely prostrated. His cough is always worse on lying down and that is why

every time we enter his room we find him bolstered up with pillows to a sitting posture.

Arsenic is especially applicable in patients suffering from bad effects of excessive tobacco chewing, alcoholism and abuse of cinchona or quinine.

There are some cases of diarrhœa where arsenicum is peculiarly applicable and where none but Arsenic will help. The stools are watery, brownish, copious, painless and cadaverous smelling. Sometimes it is very scanty but prostrating. This offensive nature of the discharge is a guiding feature of the remedy. The smell is very aptly described as a carrion-like smell. You have just got to smell it once to remember it all your life long—it is like first love as they say, that we can never forget. Of course this is not the only remedy where the stools stink so. We may also add Bipt., Carb veg, Asaf, Graph, Lach, Psor, Scill and Sulph to the list but every one of them has its own peculiar characteristic difference to save the prescriber from confusion and mistake.

Another symptom that I have verified again and again in my practice and which I consider very important is the *dark color* of the stool. Sometimes it is real black. This peculiar color either points to blood in the stool or to defective function of the liver and Arsenicum is admirably suited to both these conditions. There are a few other remedies with black stools like Arsenicum and I like to mention them in this connection.

One of them is *Bromium*. The stools of Bromium are intensely black and the diarrhœa is mostly brought about by partaking of oysters.

These patients also suffer from very painful blind varices and we find them very averse to the application of warm or cold water for water in either form produces terrible

aggravation. When the pain gets very intense, we find these patients wetting their varices with saliva for that is the only process that relieves.

A second remedy is *Leptandra*. The stools are *jet black* almost *like tar* and the patient complains of a severe aching, burning sensation in the region of the liver. There is quite a good bit of cutting pain and distress near the umbilicus and in the epigastrium. I have used this remedy with great deal of satisfaction in infantile liver and cholera.

Another remedy that I can think of is *Psorinum*. The stools *are black* and there is no mistaking about the odor. The patient himself smells filthy. It is also a valuable inter-current remedy when well chosen remedies fail to act.

It will be very unjust indeed not to give *Scilla* a place in this list. It is essentially like *Arsenicum* in that the stools are very *offensive and black* but it lacks the great debility of that remedy. The consistency of the stools of this remedy is a bit different from that of *Arsenicum* in as much as it is *full of froth*. The stools are mostly involuntary.

In *Stramonium* the stools *are black and fluid* and it is a remedy very often called for in typhoid conditions.

I will feel that I have not done full justice to *Arsenicum* unless I mention the bearing of this remedy on Asiatic Cholera. We need it very often in the stage of collapse. I cannot do better than quote from the writings of my Mentor in Homeopathy, that true and universally revered follower of Hahnemann, Dr. P. C. Majumdar, for none that I can remember has said more aptly than he.

"*Arsenicum* is a very important remedy in the collapse stage of cholera. Its pathogenetic symptoms are so closely similar to Asiatic cholera that an arsenical poisoning case may be easily mistaken for a cholera case. It has a vast range of action and we have repeatedly verified its curative

power in most serious cases of the disease. It is for this reason that I select it as a prototype of collapse remedies. Its symptoms are very marked and unmistakable.

"Great irritability associated with profound exhaustion is the prominent characteristic of Arsenic cases. You will see patients whose pulse is vanishing,—so weak as to be unable to utter a single word and yet restless, anxious and irritable.

"Great anxiety and restlessness, fear of death, great prostration of strength, sunken eyes, distorted face, pointed nose, cold and clammy perspiration, burning of the whole body, retching and vomiting, unquenchable thirst, drinking frequently but small quantities at a time and vomiting immediately after drinking, violent burning of stomach and abdomen; urine completely suppressed, are some of the indications of this remedy.

"When a patient gets an attack of cholera after eating too much fruit and drinking ice-water, living in a damp place, exposed to the influence of putrefactive and offensive smells, Arsenic is the remedy."

We will now discuss the relationship of Arsenicum to the urinary organs. It is used in acute and chronic inflammation of the kidneys. The urine is scanty, turbid and thick like beer. In severe cases it looks real dark like dung-water. The smell is terribly fetid. Great œdema and dropsy, irritable stomach and bowels, great thirst, intense burning during micturition are some of the accompanying symptoms. We use it in cystitis both acute and chronic. The bladder is greatly distended and sometimes paralysed, consequently the patient finds it very difficult to urinate. Even when passed, the scanty urine burns and scalds. In very chronic cases we find pus mixed with blood.

Arsenicum is our invaluable aid in retention of urine due

to *atony of bladder after parturition*. The atony is complete. The patient feels no desire whatsoever to pass water and he seems to have lost all control over the power to emit. We can fully rely upon this remedy and rarely have to employ any other. But if Arsenic fails Caust and Hyos will do the work.

Arsenicum is frequently called for, in the treatment of syphilis and syphilitic bubo. The ulcer on the genitalia is serpiginous in character and sometimes even gangrenous. The granulations are florid and unhealthy and they bleed on the slightest touch. The ulcer is very painful and they burn terribly. There is frequently from this ulcer a very watery, corrosive, and an offensive secretion. Constitutional syphilis with indescribable feeling of weakness and dropsy finds a ready remedy in Arsenicum. We find buboes of the most malignant type in this remedy—and they very soon take on a gangrenous type. Coffee-colored eruptions on the skin are very often present.

In the female sexual sphere Arsenic is indispensable for ailments like ovaritis ovarian, dropsy, metritis, uterine cancer and menorrhagia when they all take on a serious type. The ovarian region is frequently the sight of much pain and burning. The pain is of a stitching, drawing and pressive character very often going from the ovary into the thigh which feels numb and lame.

In that offensive and incurable ailment—cancer of uterus, Arsenicum is very often indicated and I have had very frequent occasions to use it and I can testify to its curative power and beneficial agency. The uterus swells and becomes nodular and the os feels hard. The pain is agonizing and it is burning and lancinating in character and oh! the smell of the thin ichorous secretion from the diseased uterus. It makes her life unbearable. She is a frequent subject of fainting fits because of the excessive debility and

emaciation. The leucorrhœa, too, of which she is a frequent subject, is corroding and profuse.

In the region of the *stomach* its affections are many and important. We use it in gastritis, gastralgia, ulcer in stomach, cancer of stomach and so on. The pain in epigastrium and stomach is something awful and it can better be felt than described. But here also the characteristic of the pain remains the same. His stomach, as he describes it, "*burns like fire*," and this symptom of burning, whatever the complaint may be so long as Arsenicum is the remedy, stands out prominently and should always attract our attention. He also complains of great heaviness and pressure in stomach. It feels as if there is a load or stone there. These are accompanied by serious gastric symptoms—such as great irritability of the stomach as manifested by nausea and vomiting, water brush, eructations, loss of appetite, etc. The thirst that we find under this remedy is intense, burning and unquenchable. He drinks much but little at a time and drinking does not refresh him. The stomach is so very irritable that the least food or drink taken into the stomach is thrown out instantly. In gastric ulceration and in cancer of stomach we find even blood vomiting. He gulps out big mouthfuls of tar-like substance with clots of blood in it. Oftener we notice a sort of *coffee ground substance*. These are very serious symptoms and should at once draw our resourceful attention.

Before I close my remarks on *Arsenicum* I should like to say a few words about its action on the skin. We have noticed in the proving that Arsenicum produces important change in the skin. Like the deep structures the skin also is affected profoundly and the kind of skin that we consider predominantly an Arsenic skin, is the *scaly, pale, dry, waxy, parchment-like skin* so often met with in serious ailments.

The eruptions too that we find here are bran-like, dry and scaly with intense itching and burning and they very often peel off in large scales. Ecchymosed spots like those we find under *Acid sulph* and *Arnica* are frequent. It is rarely used in vasicular and pustular eruptions, but for ulcers of cancerous character with elevated edges having great burning as their characteristic Arsenic is almost a specific. These ulcers keep on secreting a thin watery, bloody, fetid pus. Sometimes these ulcers become gangrenous attended with great sloughing of the surrounded parts. Hence Arsenic is a remedy that is called very often for carbuncles and other malignant forms of ailments.

The *Arsenic gangrene*, which I should not forget to mention, has an especial affinity for certain parts of our system such as the *bucal cavity*, the *scrotum*, the *sexual parts* and the *lower limbs*.

It would pay us to remember also that Arsenicum is of very great use in ailments from chewing tobacco, alcoholism, sea-bathing, sausage poisoning, dissection wounds, anthrax poison, and partaking of dainties like ice-cream which cools the stomach abnormally.

( To be continued. )

N. M. CHOUDHURY, M. D.

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## A CRITICISM AND A REPLY TO TWO RECENT ATTACKS UPON HOMŒOPATHY.\*

BY SANFORD BURTON HOOKER, M. D. Boston, Mass.

On February 1, 1913, there appeared as the leading article in the Journal of the American Medical Association,

\* Read before the New York Country Homeopathic Society February 12, 1914.

which incidentally is published under the auspices of the board of trustees, a dissertation by John Benjamin Nichols, M. D., on the subject of Medical Sectarianism. A similar exposition,—“Therapeutic Pathies, Creeds, and Sects; the Mushrooms of Scientific Medicing,”—was printed in the August, 1913, number of the Medical Times over the name of Anthony Bassler, M. D. It was but last week that I read the latter article. I had regarded the one by Dr. Nichols as probably sporadic, but as the attack against the so designated sectarians has continued, it has been deemed fitting to point out certain facts and to indicate again the way by which this unnecessary controversy can be definitely settled.

These papers illustrate inimitably a reversion to the type of antihomœopathic attack which was used during the first two thirds of the nineteenth century. During the past generation it has been merely the “pitiable deluded homeopaths”; but now, as for many years before, it is the “attitude of insincerity”; grafters’; “quacks”; “charlatans.” Portions of Dr. Nichols’ essay do suggest elements of fair mindedness; Dr. Bassler’s is more disingenuous, but in each the paragraphs concerning homeopathy are wholly unfair and contain many perhaps unconscious perversions of truth which in conversation would be taken as a jest; but when published in leading medical journals of the nation, they take on a more serious aspect. The *ex cathedra* tone of these articles is one rarely assumed by well-informed and judicially minded writers; it, with the ill-advised epithets employed, constitutes a serious fracture of the ethical principles of the medical profession.

It is to be understood that, aside from other specific references which may be made, I am endeavouring to defend merely the rational homeopathy of to-day. For clarity of comprehension on many points it is recommended that there

be free recourse to the literature cited in foot-note references. I regret being compelled to resort to polemics of this character, but only supine idiocy can refuse to correct misstatements and to shield itself from perhaps polite but none the less Macchiavellian innuendoes. My chief object, however, is to urge an unbiased investigation of homeopathy.

Recently Dr. Friedmann journeyed to this country with a reputed "cure" for tuberculosis. He was courteously given every opportunity to justify his claims. Medical committees investigated his method and found it wanting. His was a method upheld by one mistaken man. On the other hand, here is homeopathy, a method applicable in many diseases, upheld by fifteen thousand men, and which came to United States scores of years ago. It has nothing to sell. Commercial instincts never could lead it to request investigation. I most earnestly ask for a single honest reason of any weight whatsoever, why, if the American Medical Association has any true scientific spirit, it can refuse to collaborate with us in an effort to test the stability of our principles.

In the first sentence of his discussion Dr. Nichols states that each school and sect "claims to present a complete system of medical practice." Of homeopathy this is absolutely untrue, as is proven by the accepted definition of a homeopathic physician—"one who *adds* to his knowledge of medicine a special knowledge of homeopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." There is not the slightest inconsistency in using other medicines or measures which have a genuinely reasonable foundation for their remedial value. Our profession does not claim any universality for homeopathy and does deplore most sincerely the rabid and utterly foolish propagandistic material (Notably from Perkasie, Penn.),

which has recently been distributed without the slightest authorization.

"The point of view," again quoting Dr. Nichols, "of the scientific physician makes him unable to perceive any rational basis for sectarian dogmas." He is one, fortunately not of many, who is thus sorely afflicted. Some of the real leaders in his school freely acknowledge that homeopathy does possess rational principles, yet he does not hesitate to assert authoritatively his *unsubstantiated* opinion. I might with justice say that his point of view is "pathologic"; at least it arises from ignorance of facts, from but partially glimpsing them, or from a misconception of their true meaning and extent.

He states that our adherents are large in number and come "from the most reputable, most substantial, and most intelligent sections of the community"; further on, that "in his terror at the dangers threatening life and health, man will grasp at straws, . . . and put misplaced confidence in specious and fallacious ideas." Is this latter attitude characteristic of that class of patients? In another paragraph—"much of the practice that goes to the sectarians is of a psychic character, irksome and uninteresting to the average practitioner, which he is glad to be rid of." Is this consistent with either of the above excerpts? I leave you to judge. Consistency is impossible to Dr. Nichols, I hope not for the reason it is lacking in him, but because of the nature of the thesis he has attempted to prove.

In their use of the word quack both the Washington scientist and Dr. Bassler followed the libelous custom of their narrowminded forebears. No man who studies medicine and whom the State Boards vouch for by granting registration, can be called a quack, provided he is honest in his practice and sincere in his belief, irrespective of his therapeutic

methods. A charlatan or an honorable, conscientious practitioner is never such because of his school affiliations. The faculty of the Polyclinic of New York is not wholly composed of men who agree with Dr. Bassler. Following is a statement from a professor who has served there for thirty years. "I know and everyone in my position knows, that you (the homeopathic profession) are scientific, sincere, and capable." What more can anyone claim ?

Dr. Bassler takes a childish view of psychotherapy, showing that he has never attempted to reason out the why of its being so strongly entrenched in the Christian Science Church. Why cannot he take his share of the blame ? Why cannot it be realized that the enormous temple here in this city stands as a monument of lasting reproach to the whole of scientific medicine because in its stupid self-satisfaction it refused to grasp and make legitimate use of the *vis medicatrix mentis* ? If Dr. Bassler had read Dr. Nichols' remarks on self culture his own would have been less frivolous. Nevertheless, Dr. Nichols makes the bald assertion that the healing power of the mind "explains whatever therapeutic efficacy the medical sects and all other forms of irregular treatment possess." Unfortunately, reasons for this dictum as for many others, are lacking and its disproof is easy, as I shall show in discussing homeopathy and its workings.

In his effort to expose homeopathy, Dr. Bassler has culled some extracts from the fifth edition of the "Organon" which was published in 1833. Most of these extracts, are from the introduction, are independent of the context, and in representing them as the "whole system upon which homeopathy is built," aside from a "ridiculous squib on like cures like," he has not presented a single essential principle of homeopathy. Suppose, for analogy, I should select an old school book of similar date and cull the weakest and most

unfavorable fragments from it, then hold them up to scientific physicians as being the whole system upon which allopathy is built. What a merited storm of abuse and ridicule would I receive were I imbecile enough to do it !

In omitting to enumerate or even to suggest the "rational and comprehensive principles" upon which scientific medicine is grounded, Dr. Nichols may be sapiently discreet but he lays himself open to his own criticism of sectarians,—that they "make an impression by dogmatic reiteration of unproved assertions." Will he dispute the words of H. C. Wood who in the preface to his "Therapeutics" (8th ed.) says that "the old and tried method in therapeutics is that of empiricism, ...yet developed in this manner it cannot rest upon a secure foundation. ...Experience has been in medicine a blind leader of the blind, and the history of medical progress is a history of men groping in the darkness, finding seeming gems of truth one after the other, only in a few minutes to cast each back into the vast heap of baubles that in their day had also been mistaken for verities." By way of contrast, the "pathologic" homeopath uses his belladonna and and his arsenic according to the same indications and with same success as nearly a century ago. However, let us consider some of the principles to which Dr. Nichols probably refers. Serum therapy, resting upon the principle of immunity, is rightfully lauded as being a valuable contribution to medicine. Many of the old school profession with ignorant and ridiculously partisan attitude arrogate exclusively to themselves the principle upon which serum therapy is used. Not so the discoverer of antitoxin and winner of a Nobel prize, von Behring. He says that its "therapeutic usefulness must be traced in origin to a principle which cannot be better characterized than by Hahnemann's word homeopathic."\*

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\* He should be honored for these words alone : "If I had set myself

Concerning vaccine therapy, another therapeutic method which the old school looks upon as being its own, the practice certainly in principle (and "dosage") is homeopathic.† Virchow said that "bacteriological therapeutics rests upon a homeopathic basis. Wright admits it, confessing himself the "arch Homeopath" of us 'all. If, however, the disease be not of infectious origin vaccines are without avail; but homeopathy offers still another reinforcement,—the use of the properly indicated remedy in non-infectious disease,—and if we wish to use it, in infectious disease as well.

As to your "specifics," none; but the wilfully perverse can deny the homeopathecity of iron in chlorosis, mercury in syphilis, or of quinine in malaria; or denying, all must admit the poisonous action of each displays remarkable similitude to the disease it has power to relieve. Neo-salvarsan is the result of the recent trend of pharmacological experimentation to synthesize remedies and establish a *therapia sterilisans magna*. Experiments referring to the value of this antisyphilitic have been made in homeopathic institutions and by homeopathic adherents. Research of this

the task of rendering an incurable disease curable by artificial means, and should find that only the road of Homeopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road. A similar tribute is paid by Dr. Amalio Gimeno of Madrid. "As the author of a treatise on therapeutics that I published twenty-five years ago at Valencia, which became classic in the Spanish faculties, I deplore sincerely having consecrated several pages to unjust attacks against Hahnemann and his disciples, and I would like to be able to-day to tear these pages from my book. Modern discoveries, however, will charge themselves with the care of correcting them. It is most proper that we should venerate the grand figure of Hahnemann who divined that which subsequent events sanctioned.

† For fuller discussion see Wheeler's article in the British Homeopathic Journal, August, 1913, p. 358.

nature is of interest to all physicians and we do all in our power to further it. The principle of its action may be homeopathic or it may not ; having truly remedial value we do and shall use it.

Thus it is that the most valuable of the guiding rules of scientific medicine are admittedly homeopathic in their working and their priority of discovery and formulation.\*

In view of these facts can our therapeutic method be justly said to have "the poorest of excuses for existence and the most fantastic set of principles ?" In view of these facts does the homeopathic profession endeavor to exclude other physicians from using its methods ? When allopaths employ our methods, do we sneer at their insincerity or call them renegades, quacks, or grafters ? When they publish results of treatment with homeopathic remedies, do we hold them up to ridicule ? In this latter connection, I was sadly amused at reading in one of your leading journals† an article on the use of phosphorus in pulmonary diseases. I quote from the first paragraph : "So far as I have been able to ascertain by reference to literature and records *no mention*, (my italics) for the last thirty years at least, can be found of phosphorus, in the pure state, having been administered as a therapeutic measure in the treatment of diseases of the lungs." Reports of a large series of cases of tuberculosis,

\* Neuberger ("Vorgeschichte der Antitoxischen Therapie" p. 45 ) points out that at Leipsig in 1833, J. J. W. Lux, a homeopathic veterinary surgeon presented a system which embodied the germ of modern bacterio therapeutics, thus anticipating by several decades the now famous men to whom all honor is due for their perfection of methods.

J. Compton Burnett of London 1890 ("Five Years' Experience in the New Cure of Consumption by its own Virus") had been experimenting for years with tuberculinum before Koch's announcement of his discovery.

† New York Medical Journal, Aug. 16, 1913.—"The Use of Phosphorus in Diseases of the Lungs" by F. Lemon.

lobar pneumonia, and bronchitis follow ; the average dose was 1-500 of a grain : the author thinks that the effects were "wonderful." For a century the entire homeopathic profession has used phosphorus as a most potent and reliable remedy in pulmonary disease. Its use is amply warranted by its pathogenetic similarity, and by clinical results which have been widely published. Rigid adherence to the school of your choice should not deter you from readingsome of our publications. I venture the opinion that you will derive as many affording suggestions as do we in our never disregarded, careful perusal of your periodical literature.

For centuries, in its usage of drugs, the only semblance of a *principle* which the old school has followed in most ailments has been that of *contraria contrariis curentur*. To-day, it cannot be denied that the trend of opinion among keenest minds of that school is one toward uncertainty and distrust as regards drugs. Recent graduates from class A medical schools dispute the value of almost all drugs or have but weak faith in their therapeutic virtues. To quote a brilliant young graduate from Harvard and the Massachusetts General Hospital : "I confess that the only drug I know how to use is aspirin." This is, of course, an exaggerated statement, but this man of above the average acumen has been studying medicine for six years under a system which boasts of its "rational and comprehensive principles." Men of the Harvard Faculty and other authorities whose reputes is nationwide advise that *if* drugs are used, they should be pushed to so-called physiologic effect unless relief occur sooner. Until very recently the usual medicinal treatment of that symptom, constipation, has been the prescription of a cathartic in sufficient dosage to assure the patient of a "lovely" movement ; and this in spite of the long known and undisputed law that action and reaction are equal and opposite in direc-

tion. This, even to-day, in one of the most frequently encountered aspects of "scientific" medicine. Because of this and similar practices it is the allopath to whom the vast majority of the pathetic victims of habit-forming drugs are to render their doubtful thanks. This fact alone is an indisputable argument in favor of homeopathy. "We may not cure, but we were guilty of malpractice if the least harm resulted from prescribing medicine."\*

### HOMEOPATHY : WHAT IT IS

Homeopathy is a *method* of treating the sick in accordance with the formula *similia similibus curentur* ; let likes be treated by likes. It is a specialty in pharmacotherapeutics. It is a *part* of medical science, and the practice of the homeopathic physician differs from that of the ordinary school *only* in its methods and rationale of administering drugs. As merely a scientific method, neither necessarily a law nor a science, of therapeutics, it determines constitutional medical treatment through symptom-similarity. Symptomenähnlichkeit is a more clear and definite rule than is the convenient paraphrase *similia similibus curentur*, which was used by Hahnemann only once and then as a contrast with *contraria contrariis curentur*. It places in correspondence the two essentials in medical treatment, namely the patient and the drug indicated. "The sciences of pathology and pharmacology are the premises. Homeopathy is the method by which the sciences of pathology and pharmacology are brought into correspondence for the purpose of cure in medically curable constitutional diseases, for the purpose of a correct homeopathic therapeutic application, for the purpose of a scientific therapeutic conclusion."<sup>1</sup>

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\* Conrad Wesselhoeft.

<sup>1</sup> Krauss : Journal of the American Institute of Homeopathy. March, 1913. p. 942.

*Principles.* I. The "proving" of drugs, or testing their effects upon the healthy human organism. This is patently the only rational method of obtaining a detailed, practical knowledge of drug pathogenesis. As supplementary sources of knowledge concerning drug action we have recourse to cases of overdosing, and animal experimentations.<sup>2</sup>

The domestic fowl is ten times less sensitive to strychnine than are other birds weight for weight.<sup>3</sup> The guinea-pig is very insensitive to it. To horses and pigs aconitè is edible, yet poisonous to man. Ipecac does not cause emesis in the frog, is comparatively without action on rabbits, yet is strongly emetic to dogs and man.<sup>4</sup> These facts show the fallacy of attempting to reason out pharmacology by analogy.

That the human organism upon which drugs are to be tested must be healthy is soundly logical and is the published opinion of allopathic authorities. "When we administer our remedies to invalids the symptoms of the natural disease then existing, mingling with those which the medicinal agents are capable of producing, the latter can rarely be distinguished with any clearness or precision."<sup>5</sup> "A thoroughly scienti-

<sup>2</sup> As a remarkable instance of the magnitude of error which may result from overtrustful dependence upon animal experimentation, I cite the investigations of Bennett and of Dowdeswell upon coca and its now famous alkaloid. "From its action on frogs, mice, and rabbits, it gave no therapeutic promise of individual characteristic other than that it paralleled caffeine, theine and theobromine." Dr. Squibb, the leading American manufacturing pharmacist at that date (1884) even left it off his list of drugs. That same year Koller discovered its marvelous local anæsthetic properties. For further reference see: Lloyd, *Eclectic Medical Journal*, Sept. 1813, *Edinburgh Medical Journal*, vol. XIX, 1873; *Lancet*, 1876.

<sup>3</sup> Leube, *Reicherts Archiv fur Anat.*, 1867, p. 630.

<sup>4</sup> Cushny, ed. V, 398.

<sup>5</sup> Pereira, "Elements of Materia Medica and Therapeutics, vol. I, p. 89, 4th ed.

fic treatise would . . . simply show what the drug does when put into a healthy man.\*<sup>6</sup> We do not claim to produce, with drugs, actual diseases as nosologically catalogued, but merely symptom complexes which are similar to those of disease. For illustration, consider the pictures of acute arsenical or phosphorus poisonings as compared respectively with Asiatic cholera or acute yellow atrophy of the liver. Drugs have no primary curative action ; their tendency is ever disease producing, one which disturbs the peace of the economy. Any "curative" effect which may be ascribed to a drug is secondary and really is not a property of the drug at all. It results merely from the over-action of the natural defences of the body against the poisonous, sick-making drug. Assuredly no medicine administered to a healthy person will make him healthier, but in certain quantities, *ceteris paribus*, each produces similar effects upon all people ; were it otherwise drugs would be too unreliable and dangerous to be of use in any method of medical practice. These symptoms and pathologic findings obtained from "provers" are recorded chronologically and then tabulated for reference. The most reliable and authentic symptoms are, of course, the most congruous or those which occur with greatest uniformity among the different provers. I realize and frankly admit that many of our provings are as yet imperfect, but every one must indorse this orderly and uniform method of ascertaining the effects of drug action.\*

2. Individualization of the case, or obtaining the "totality of symptoms,"—the *Krankheitsbild*. It is axiomatic that no two cases are alike, and the old school is coming to understand that it is the patient and not the disease which

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6 H. C. Wood, "Therapeutics," 8th ed., p. 12.

\* See Organon ed. V., No. 19—21.

requires treatment. The acquisition of the "totality" means to secure a complete pathological grasp of the case, including every ascertainable fact, subjective and objective, aided by all diagnostic methods known to present day science. "Aside from the totality of symptoms it is impossible to discover any other manifestation by which diseases can express their need of relief. Hence it undeniably follows that the totality can be the *only indication* to guide us in the selection of a remedy."<sup>†</sup>

3. In our drug treatment of the case we apply our knowledge of drug pathogenesis, as obtained under the guidance of the first-named principle, according to the rule of symptom-similarity. This is the crucial tenet of homeopathy and by its truth or fallacy we stand or fall. Whether or not *similia similibus curentur* is a natural law or a working hypothesis is beside the point. It, or preferably symptom-similarity,<sup>‡</sup> serves as our rule and guidepost in the selection of remedies. "Regular" means to be governed by a rule. Recognition of a rule and steadily following it wherever it is applicable are evidences of true science. Still, the old school, which ostensibly refuses to follow any rule, dubs itself "scientific" and homeopathy "irregular." We claim that this essential of the homeopathic method is identical in its aim with the efforts of all scientific medicine—the production of immunity. The goal of the entire profession is to reinforce the natural defenses of the body, to elevate to the optimum degree the resistance of the patient and to help sustain that high level. Our branch of the profession employs vaccines, sera, *et cetera* in thus assisting nature and only differs from the allopathic

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<sup>†</sup> Organon ed. V., No. 18.

<sup>‡</sup> See Berliner homöopathische Zeitschrift, Oct. 1912—"Zur Kritik des Ähnlichkeit-gesetzes" by Paul Dahlke.

school in its method of using drugs. A discussion of Roengen ray and radium therapy would be peculiarly germane in this connection. It is, however, too widely known and too freely acknowledged to necessitate any elaboration of the fact that these agents are used in less concentrated form and for shorter periods, ( small doses ), in the treatment of conditions similar to those which in concentrated forms and long exposure, ( large doses ), they are able to produce.

The point at debate is, therefore, whether or not our pharmacotherapeutic method is one which tends to produce immunity. Recently a procedure has been developed which lends itself to the partial elucidation and proof of our contention. The opsonic theory as introduced by Wright has led to the perfection of a method of obtaining the opsonic index which affords, with clinical results, a way of measuring the efficacy of vaccines in raising the resistance to bacterial infection. It occurred simultaneously to several investigators that the influence of drugs might be similarly susceptible of demonstration. Each was ignorant of the work of the others : all came to well nigh identical conclusions. "Wheeler, in London, worked part of the time with Wright, by whom, in fact, some of the observations were made. His results are, therefore, of unusual interest. In the course of his work with the opsonic index and bacterial inoculations Wheeler found his index to tuberculosis to be uniformly low averaging about .7. It was suggested by Wright that he take a few treatments of tuberculin. Wheeler, however, feeling comparatively well and wishing to make a few experiments, carefully studied his case from the homeopathic standpoint and decided that phosphorus was his indicated remedy. On March 22nd and 28th the index was .75 ; from April 1st to 9th one dose of phosphorus 3x was taken daily. On the 4th the index was 1.43 ; on the 8th 1.57 ; while on the 11th, two days after the cessation

of the drug, it had fallen to .74."\* A second experiment in April showed a less striking rise—the highest point reached was 1.04. On May 6th the index was .77 ; phosphorus 3x was taken daily for three days and on the 10th the index was 1.8, falling to .7 three days later. These figures illustrate but a part of Wheeler's findings. E. A. Neatby, London, found his index on three successive days to be .86, .81 and 1. One-twentieth of a grain of phosphorus was taken. In about four hours the index was .75, in twenty-four hours it was 1.25, and in two days was 1.59. It later fell to his normal. This illustrates the typic negative phase so often observed immediately following treatment. His index to staphylococcus remained unaffected throughout. Dr. Burrett of Ann Arbor has investigated the relation of echinacea to the staphylococcus index. Dr. Watters of this city has made experiments which demonstrate the connection between Hepar sulph., (a widely used antisyphilitic remedy, calcium sulphide) and the staphylococcus index. Considerable work has been done by Dr. C. Wesselhoeft, 2d, in Boston in the Evans Memorial, upon the effect of Quinine on malarial plasmodia.† His work up to the present time has confirmed that of Rosenbach. I quote his modest conclusion. "If quinine acts as a direct parasiticide it does not seem to destroy the parasites outside the body as quickly as we should expect from the definite effects produced on these organisms after small doses administered to the patient." This in spite of the fact that the plasmodia are subjected to unfavorable conditions other than the presence of Quinine.

Along another line of research R. R. Mellon† of Ann

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\* Watter's "Homeopathy and Immunity." North American Journal of Homeopathy, July, 1909.

† New England Medical Gazette, February, 1913.

† Medical Century, June, 1913.

Arbor has demonstrated that *baptisia* has a marked influence on the production of agglutinins against the typhoid bacillus. He has also shown that *veratrum viride* is capable of raising the pneumococcus index. Preliminary work has been done in the Evans Memorial in regard to the influence of *bryonia* and of phosphoric acid on the production of typhoid agglutinins. My series of experiments is incomplete and will require careful checking up, but the results to date indicate that those drugs do influence favorably the natural defence of the body toward typhoidal infection. In terms of Ehrlich's side-chain *theory* it appears that poisonous substances, drugs or bacterial toxins (antigens), when introduced into the body in small doses stimulate the production of antibodies; these, produced in excess of what is necessary to overcome the mild "artificial" disease, are free to neutralize the toxins, or to sensitize the bacteria which are causing the "real" disease. In other words, they tend to produce immunity.

All of the above-mentioned drugs are widely used in those infections with which they have experimentally been placed in correspondence.

As relating to clinical "experiments" we have the matter of statistics. There has never come under my observance any tabulation by an allopath of the rate of mortality and duration of illness as illustrating the comparative efficacy of old school and homeopathic treatment. Had such records been derogatory to homeopathy assuredly they would have been published. However, the most cautious construction must be put upon the volumes of figures which have been collected during the past century, and in view of this fact I have appended merely some suggestions which must lead you to think, perhaps influence you to examine some available records.\*

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\* Massachusetts State Sanatorium for Tuberculosis.

I distinctly do not offer the above laboratory evidence as incontrovertible proof of the validity of homeopathy. I do not ask anyone to accept our results or my assertions on faith. I do ask that before one scoffs at or denies them, he may be able to present convincing proof that our records are false or that experiments of his own have shown negative or contrary results. If you will be dissidents at least be as ready with conclusive demonstration of the truth of your averments, as is Dr. Nichols to state that we make "an impression by unbridled exaggeration, or dogmatic reiteration of unproved assertions,"—a censorious imputation which I have striven to avoid.

These three principles—the testing of drugs upon the healthy human body; the acquisition of a complete pathological grasp of the case; and the application of drug to disease in accordance with the rule of symptom-similarity—are the *only essentials* of homeopathy. There remain a few valuable corollaries. First as to the "minimum" dose.† Mark you, I reiterate that the dose question is absolutely independent of the essence of elementary homeopathy, nevertheless in adverse criticism, the "infinitesimal" dosage is invariably held up to ridicule as being one of the chief doctrines of our school. That this attitude obtains is due in part to insufficient study by the critics, and in part to the

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"Apparently cured," "arrested"	311 cases
Under allopathic treatment	52 per cent
Under homeopathic treatment	62 per cent

H. C. Clapp—New England Medical Gazette, April, 1910.

Scarlatina (uncomplicated)

Boston City Hospital—South Dept. 1910, '11, '12 Mortality 4.99 per cent,  
 Mass. Homeopathic Hospital—West Dept 1910 '11 '12. Mortality 2.35  
 per cent.

† See Organon No. 279; note the proviso.

practice of the "high potentists." My personal stand is on the ground of energy as inseparable from matter, but time and experimentation can alone decide whether or not the beliefs of the high potentists are justified. The fact remains that posology can never serve as an index of the principles of drug-therapy. If an ounce of epsom salts is given to relieve a particular kind of diarrhœa, the principle involved is strictly homeopathic, although the immediate results would hardly sanction the practice. It was experience, empiricism if you will, which showed Hahnemann the necessity of reducing the usual doses of his time, when drugs were given with remedial intent. It was experience which showed the necessity of reducing the dose of tuberculin, an agent now recommended in amounts of .000 000 000 of gm. Observers found that large portions caused an aggravation of the disease, and that too frequent repetition was harmful. These are facts which homeopathy has long recognized : to reduce the amount of medicament that serious aggravation may be avoided ; and to shun repetition of the dose until the cessation of improvement from the preceding one.

I need allude but briefly to facts illustrating that *die milde macht ist gross*, or that drugs in extremely dilute solution and undeniable minute subdivision markedly influence biologic phenomena. Copper in the proportion of 1-1 000 000 000 parts of water is sufficient to destroy some of the simpler algæ. (Naegeli). This dilution is the exact equivalent of the 9X (9th decimal) in homeopathic nomenclature. In a dilution of 1-700 000 000 copper acts most injuriously upon the germinating processes of wheat grains, (Coupin). Darwin demonstrated the effects of ammonium phosphate in dilution of 1 20 000 000 on the leaves of *Drosera rotundifolia*. Similar studies have been made with the salts of manganese and uranium. Sand found that arsenical solution in proportion

of 1-1 000 000 destroyed Infusoria ; also that a solutions of 1-10 000 000 markedly favored their segmentation. Schulz showed that corrosive sublimate in attenuation of 1-20 000 checked or destroyed the growth of yeast cells ; but when the dilution was raised to 1-500 000 and, higher the yeast cells proliferated much more actively than in the absence of the corrosive sublimate. Thus Schulz demonstrated the application to pharmacotherapy, of the truth discovered by his colleague at the University of Greifswald, Prof. Arndt ; who first formulated what he denominated a fundamental biologic law : viz., "strong irritants destroy vital processes, moderate ones favor them and minute ones arouse them to their highest activity."\* Note the exquisite parallelism between this indubitably proven "law" and the principle of *similia* : thus is one truth promulgated by the correlation of other truths about it. .

The theory of dynamization or dematerialization is accepted only by a very small minority of the school. The deliberately chosen opinion of almost the entire homeopathic profession is admirably illustrated in articles to which I refer below.† Mechanical subdivision of drugs, as opposed to dynamization, accomplishes two things By enabling us to give a small dose, safety is obtained ; effectiveness by providing as many points of contact as can possibly be secured between the medicinal particles and the living tissue or absorbent surface, for chemical activity is directly proportionate

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\* See W. Wesselhoeft, "the Dynamic Power of Drugs" New England Medical Gazette, Jan. 1906. Also Kroener, "On the Effects of Matter in most Minute Subdivision."

† Road. "The Theory of Dynamization, is it Scientifically Tenable ?" Journal of American Institute of Homeopathy, Dec. 1912, Sutherland, "Dynamization or Dematerialization." New England Medical Gazette, June, 1887.

to the degree of ionization. It is, however, unnecessary to discuss this phase of homeopathy further.

Another contention of our school is for the use of the single remedy. It has largely been adopted by the old school because of the inexorable logic and superior clinical results which commend it. The proverbial uncertainty of medicine and disparity of opinion is in great measure due to practice of polypharmacy which is incompatible with common sense and utterly at variance with the elementary rules of scientific investigation. Only when two or more drugs have been tested simultaneously on the healthy human body is it justifiable to prescribe those drugs in combination.\*

The "psora" theory, another which is as the red rag of the familiar saying, contains a modicum of truth, but is widely rejected by our profession. It is not in the least relevant to homeopathy so a discussion is beside the mark.

That these tentative conjectures of Hahnemann's respecting the causes of various phenomena, should be held up as cardinal doctrines of our school, is manifestly unfair and wholly out of court. His explanations, i. e. his philosophy, may contain mistakes but his method is a distinct achievement. Plato, Descartes, and Kant and Hegel in parts of their philosophies have embodied some of the most gigantic errors of the human intellect, yet these men are giants along the line of human thought. It is their effort, their working method, and not their conclusion which receives and will forever merit our admiration.

Dr. Nichols categorically places Samuel Hahnemann among the founders of medical systems who are composed of "the most ignorant, illiterate, and unqualified persons." This is a serious rebuke to Sir John Forbes, at one time president of the British Medical Association, who said of Hahne-

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\* See New England Medical Gazette, June, 1913. p 306.

mann : "He was undoubtedly a man of genius and a scholar, a man of indefatigable industry and dauntless energy,—the remote if not the immediate cause of more important fundamental changes in the practice of the healing art than have resulted since the days of Galen himself." The 1899 anti-homeopathic pamphlet which appeared under the imprint of the American Medical Association stated ; "there are few men in the world to-day as well versed in the history of medicine as Hahnemann was." Hufeland considered him "one of the most distinguished of German physicians," and "the best chemist among the physicians of his day." Mott, another contemporary, testifies. "Hahnemann is one of the most accomplished and scientific physicians of the present age." He pursued studies at the famous educational centres of Europe ; was a thorough master of six languages, proficient in three others. Coincidentally with Pinel he instituted at Gaergenthal, the modern humane treatment of insanity. He published an encyclopædic work on pharmaceutics which was long the standard, and between 1777 and 1832 there appeared one hundred and fourteen books, essays, and translations as a result of his literary industry. Among other things he invented a delicate test for the detection of lead in wine which is in use to-day ; a method of preparing soda from common salt, and a simple process for the manufacture of vinegar. I state these few facts merely as my reasons for *not* judging him an "ignorant, illiterate or unqualified person." It is, moreover, ill-considered to set forth as a fact that homeopathy is "actuated by or is the product of theorizing and speculative methods of thought." Following his famous experiment with cinchona bark in 1790, Hahnemann spent six years in research and in collecting a vast deal of corroborative evidence, before making even a preliminary announcement of his principles ; it was *twenty years* before they were

elaborated in the first edition of the Organon. What modern investigator can equal his intense eagerness for scientific rectitude? He thoroughly searched the existing medical literature, and laboriously performed the colossal task of proving ninety drugs upon himself and family; he had no "wealthy endowments or many trained investigators to delve out one by one little fragments of truth," but he cannot in justice be said to have erected his principles "on a slight foundation of fact or of pure fancy." He was eminently fair in giving credit to those of his predecessors who had vaguely sensed the truth of homeopathy.\* He did not invent the word "allopathy" which so unfortunately for Dr. Nichols' peace of mind has been given legal status on the New York and Penn. state examining boards, but he did coin the word "allopathy."† He did *not* deny the healing power of nature.‡ As to his method of administering infinitesimal doses by smelling sugar pellets. Medication by olfaction is its other agent; its rapidity of effect is astonishing. As a conspicuous instance of the remarkable absorptive power of the mucous membrane of the upper respiratory and alimentary tracts, simply recall the effect on the non-habituated who smokes his first cigar. He does not inhale the smoke, and the toxic agents are present only in very minute quantities yet they act quickly and convincingly. It is thus with nearly all of Hahnemann's minor hypotheses: they contain elements of truth which have clear cut utility, only discernible, however, if we "read not to contradict and confute, nor to believe and take for granted... but, to weigh and consider."

\* Organon pp. 45 and 62 ( No. 40 ).

† Journal of A. I. H., June, 1913, p. 1293.

‡ Organon No. 43 "—Demonstrates how nature may accomplish cures." No. 47 "—cure, according to the process observed in the course of nature."

Hahnemann was persecuted and exiled through machinations of the apothecary trust ; showered with abuse and contempt by his contemporaries, chiefly because he denounced blood letting. and only when isolated in the scholastic narrowness of Coethan, did he become intolerant and demand rigid adherence to the hypotheses which were the product of his senility. (He died in his eighty-ninth year ). The third and preceding editions of the Organon are sound, based upon careful experiment and of enduring worth. Read with candid mind and judge for yourself. The later editions are rather impaired by his interpolation of theories, but the structure and substance of his essential argument were complete before they appeared. The illiberality of his senescence is conspicuously inconsistent with the intellectual breath so characteristic of his earlier career. Be that as it may, in the A. M. A. pamphlet to which I have referred there appears this sentence, "Homeopathy has done a noble work ; it has served its purpose well. Look back a hundred years to the time of its birth, and contrast the methods of practice then in vogue with those which are in favor to-day, and tell me whether a stupendous revolution has not been wrought, and largely through the instrumentality of Samuel Hahnemann." To a man of influence so great as this should be awarded an honorable place in the hall of fame. Dr. Bassler calls him charlatan ; Dr. Nichols says he was illiterate and unqualified I bear no malice ; it is merely my humble opinion that neither has acquired the requisite qualifications to judge.

( To be continued.)

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# THE INDIAN HOMEOPATHIC REVIEW.

**A monthly journal of Homeopathy and  
• collateral sciences.**

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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## INFANTILE ATROPHIC PARALYSIS.

Such cases are not rare in our practice but the history of perfect recovery is few and far between. The reason is the anxiety of the parents to get their darlings cured soon. Mostly these cases require patience and perseverance on the part of the parents as well as the physician in charge of such unfortunate patients.

Fortunately we had two cases that were apparently incurable and in both of them our efforts to cure were crowned with success.

Strict homeopathic prescribing and regulations as to food, position and hygiene are all that is required for our success.

Case I. Mr. S's daughter a year and half old came under my care for spinal derangement, general deformity of the back on 13th August 1898. There was no history of syphilis or gonorrhœa in the family. But one of the grand parents was psoric in constitution. About nine months after the birth of the child, mother noticed that there was some bending back of the child. It seemed that she suffered

from some pain and that she could not sit erect, on attempting to do it she cried out and bent the body forward.

Another thing noticed was the inability of the child to move water easily though the bladder was full. She could not take her food well. The bowels were also constipated. When brought to me she was bent forward with a sharp protuberance on the dorsal region of the spine. The legs and thighs were powerless, hanging when the child was raised up as if the muscular power was at abayance.

On preessing upon the protuberance she screamed out for pain. No fever. The mental faculties of the child were not very bright. As far as her age was concerned she could not express her desires and aversions properly.

There was no history of injuries or falls. The mother did not nurse the baby.

I gave her Baryta c 30 and c. c., two doses a week for about a month. The only change noticeable was some brightness and inclination to take more food.

Then my prescription was Calc. Phos 200 every third day a dose in the morning. After sometime improvement was observed in every respect. The medicine was stopped two weeks and the amelioration in the condition of the patient also stopped. A dose of sulphur 200.

In short by the exhibition of Calc Phos and an occasional dose of Sulphur high the child made a perfect recovery. This was a wonderful case and it took two years to effect a perfect recovery. I thank the patience and perseverance of the child's parents.

11. Another case was a little girl of four years of age, daughter of an official belonging to the Government of India Offices in Simla. Her condition was pitiful. Her both parents were very robust up country people. When about two years and a half old, she had a fall from her bed, but that was not

serious. This injury was followed by slight fever and pain over the whole body. After allopathic treatment for two weeks the fever subsided and pain relieved to a considerable extent.

Now she complained of powerlessness of hands and feet, pain in the lumbar spine on pressure, voided urine with much efforts once or twice in the twenty four hours. Could not sit erect, slightly bent forwards and movements of the body were somewhat interfered with. She could be on her back but not very comfortably.

Her complaints of feverishness and muscular pain were increased during the full and new moon. Bowels constipated. Not much appetite or desire for food. Gradually her limbs, especially the lower become emaciated and power of locomotion almost vanished. She was in a very deplorable condition.

After various kinds of treatment—allopathic, Bald and others the little girl was brought to me.

After a thorough examination I found pain along the whole spine, especially on the lower part of the dorsal and whole of the lumbar region. There was no deformity of any kind in the case.

I commenced the treatment with a few doses of Arnica, cm. which drove away the fever and slight pain in the limbs, the power of movement remained the same.

The child was emaciated and pale before my treatment Phosphorus c. c. One dose every third evening for two week did a good deal of service. Desire for food returned and the bladder and bowels acted rather freely. The medicines discontinued as the father left for simla and there was an aggravation. I got a letter from her father for further medicine. Cale Phos 200 One dose a week did her a good deal of good. Wholesome and nourishing foods were given.

Fever returned and improvement stopped. The emaciation and general weakness remained. I sent her four powders of *Natrum mur* cm. One dose a week. This not only relieved her of fever but the strength returned and emaciation better. She was perfectly cured after one year.

P. C. M.

## Notes.

**Serums.**—Use of serums are not only useless but always harmful, whether resorted to either for prophylactic or curative purposes. We have repeatedly observed lamentable results from the use of these poisonous substances. Dr. Edmund Carlton, a reputed and experienced physician and surgeon of New York says about it in these words :—

"First it (serum) is useless as a curative, and therefore must be useless as a prophylactic, second I loathe the idea of filling a healthy person with such poison. It may prove disastrous. If there be any, even the slightest, coercion in using the poison, that constitute a criminal assault which ought to be resisted by force. I know of nothing better calculated to stir one's indignation and wrath to their depths than the action of a petty tyrant forcing his hell's broth upon a helpless victim."

"Hahnemann was a representative thinker of the School of Vitalism, and, up to the announcement of his revolutionery doctrines, occupied high rank among the medical men of his time, and was a highly esteemed contributor to the standard medical periodicals of the day."

"Becoming dissatisfied with the notorious uncertainties of the prevailing methods of practice, yet believing confidently, as he tells us that "The Author of all good" when He allowed diseases to injure His offsprings must have laid down a means by which their torments might be lessened or removed." he retired from active practice, determined to devote all the powers of his mind to study and reflection, resolved not cease his efforts until he had

arrived at definite and satisfactory conclusions." This often happens in cases of vaccination, when our Government medical authorities without due care and considerations impose strictly upon people hard measures who refuse to submit to their dictum.

Serums are more or less harmful always, whether their deliterious effects are felt at once or at some distant times. They may sometime mitigate the suffering for the time being but must have damaging effects on health of person so treated. We have observed in persons on whom these serums are given as a preventive measure, instead of preventing, they hasten the disease. We have recently had the occasion to see a young man who had a fall with bruises in different parts of the body. An allopathic doctor was called who for fear of tetanus, injected antitetanus serum which has the most deliterious effect to the youngman, even tetanic symptoms were actually developed. We believe if he had been left to nature this bad effect would not have been produced.

In the month of May the weather of Darjeeling is very fine and healthy. Snow is visible in its majestic brilliancy. Large numbers of people are coming up from the plains to enjoy the coal climate and to recoup their health.

There was a report by the late Dr, Swan, of cases of Ingrowing toe nails being cured by Magnetismus Australis 1 m. Magnetismus A is nothing but the south pole of the magnet, potentized in sugar of milk. This was laughed and ridiculed by Drs. Allen and Jones. But the efficacy of the medicine is acknowledged by Dr Ballard of Chicago who also cured cases of ingrowing toe nails.

It is not fair for Drs. Allen and Jones to disbelieve the facts without giving a trial to this remedy in cases of practice.

Stricture of urithra can be cured with medicines, there is not a shadow of doubt. We have ourselves cured many cases with medicine. Arnica, Clematis, Merc sol, Natrum sulph. Nux vom, Thuja and Pulsat are the remedies most useful.

Surgical procedures are sometimes required but first of all

medical experiments are to be performed and when a fair trial is given without effect then surgery should be applied.

When in these cases catheters and sounds are passed and much bleeding takes place, you can give a remedy to stop the hemorrhage. Arnica is here useful but staphysagria is the most efficient remedy.

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## MATERIA MEDICA.

### RANUNCULUS BULBOSUM.

Though it is not an extensively used remedy of our Materia Medica but still its usefulness is very great in those ailments for which it is indicated. First of all its action on the serous membranes, particularly in pleura and peritonium

Pains in these membranes are stabbing and stitching in character. Here it is closely similar to Bryonia. It is also attended with effusion of serum in these membranes. So it is employed in cases of pleurisy and peritonitis. Anxiety, dyspnoea and distress caused by accumulation of fluid in the chest. Many a time we think of Apis, Bryonia, sulphur and others for their indications but we think Ranunculus is more indicated under these conditions.

But its power of controlling pains in pleurodyne is wonderful and unique. We verified its efficacy in this very painful disease in many cases, where Bryonia and others failed.

It may be tried in cases of actual pneumonia where pains are of a stabbing character and very distressing.

Next to serous membranes, its action on the muscles is extensive. Here it is useful in cases of rheumatism and especially on the rheumatism of muscles of the trunk. Stitching pain in the chest after exposure to cold from sudden change of weather from hot to damp cold. We have often observed persons suffering from pleurisy when it is nearly cured but the pain does not altogether disappear, in these cases a few doses of Ranunculus will clear off the pain. There may be adhesion in such patients.

Ranunculus is a useful remedy in cases of skin diseases of various

kinds. It produces vesicles on the skin when locally applied. These vesicles are filled with serous fluid attended with painful stitches and burning. Hence it is very useful in herpes Zoster. Here it may be compared to Rhust, Arsen and Mezerium. Failing with these remedies, we are successful with Ranunculus.

In Eczema, pemphigus and ulcers on the skin Ranunculus is often of great value.

In Hay fever Ranunculus may be used. Fever and running from the nose and sneezing, burning of the eyes and soreness over the whole body.

We use Ranunculus in low potencies and in frequent doses.

Ranunculus subratus is another remedy of the same natural order. Its action is more irritating. It may be used in the same sorts of cases. In skin diacases and ulcers in the month after typhoid fever and diphtheria it is often indicated. Also for catarrh and cold.

## PICRIC ACID.

Picric acid has strong action on the brain and spinal cord, producing congestion and nervous irritation. It is therefore useful in spinal paralysis, depression of the brain substance. It has weariness of body and mental inactivity.

It is a useful remedy in cases of neurasthenia. A train of symptoms is observed which has a strong similarity with nervous prostration. Dull and heavy headache aggravated by mental and bodily labors. The patient complains of dullness and tired feeling, it is a feeling of fatigue. Burning along the spine and weakness of legs and back. It has a peculiar backache a tired and dull feeling there and aching in the lumbar region. Headache is better in open air binding the head tightly and perfect rest. It has numbness and crawling sensation in leg.

Digestive system is also deranged. No appetite, bowels loose, yellow watery stools, acidity and heart burn especially towards the

morning. Nausea and sometimes acid vomiting at five o' clock in the morning. Pain day and night in the stomach. Wind in stomach relieved by belching but unable to do it.

On the urinary organs, it has a profound action causing congestion of the kidney, Urine frequent and profuse and has a abnormal high specific gravity. It contains sugar and a trace of albumen. So it is useful in diabetes of nervous origin ; caused by inordinate sexual indulgence and great mental work. It has been a very successful remedy in brain fag. The resemblance of this remedy is always very close with Phosphorus and Phosphoric acid. Also with Nux vom, Oxalic acid and Zincum. Very careful discrimination should be observed in prescribing these remedies in cases of nervous break down and digestive derangements,

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### CALCAREA SULPHURICA.

We use this preparation of Calcarea rather extensively and are of opinion that this is one of the most useful remedies in our Materia Medica, But it is not so much in use, its place has been improperly taken up by Hepar sulph ; from which medicine its indications are quite different.

Most homeopathic physicians consider it as a Schussler's tissue remedy but it has been proved as a homeopathic medicine.

It is a good remedy for boils and suppuration in general, It differs from hepar in its aggravation from heat and amelioration from cold.

In croup it is a wonderful medicine. Dr. Farrington says it will act like magic in a case like Hepar, with cough that is loose from the mucus in the larynx but which has the opposite modality as to heat and cold, namely, the child wants to be uncovered and kept cool.

P. C. M.

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## CLINICAL RECORDS.

P. C. MAJUMDAR, M. D.

### I. A case of Carbuncle cured by *Tarentula cub.*

A young man, robust without any urinary complaints came under my treatment for carbuncle in his right palm. It was very painful and the swelling dusky, red and considerably œdematous. Fever ranging between 100 to 104. The aggravation of fever in the evening, no shivering or chill but much burning all over.

Bowels regular, tending towards diarrhœa, stools thin, and pape-sent. He was very much prostrated, pains, he says were unbearable. Very restless. I tried *Arsenicum* 30th and 200th and also *Anthracinum* 6 and 30 without any benefit.

On the sixth day I prescribed a dose of *Tarentula cuban* 30 morning and evening and if the fever and pain increased at night another dose at 10 P. M. Two doses were only required and both these symptoms were so much mitigated that he got asleep at 9 P. M. The last dose of the medicine was taken at 7 P. M. Next morning he was very much improved in every respect—fever, swelling &c.

No more medicine, swelling gone down considerably and he was cured in a week.

In this case I was guided by the burning fever, restlessness and diarrhœa—these symptoms are in *Tarentula*. Failing with *Arsenic* and *Anthracin* is another indication.

### II. Carbuncle cured by *Lachesis*.

J. W.

An elderly gentleman, constitution run down by dyspepsia and diabetes came under my treatment on the 9th July 1906. He had a hard and painful swelling on the nape of his neck with slow fever.

An allopathic doctor treated him with fever mixture and hot compress. This increased his suffering. The swelling became bluish in color and pains drove him to madness. An immediate and free incision was decided upon. He was sleepy and delirious and blood poisoning was dreaded. His medical advisors said least delay was dangerous to his life he should be operated upon at once.

I was called and found symptoms exactly corresponding with Lachesis. I gave him a dose of the 200th every four hours. Fever abated in the night and he had sound sleep, no delirium. No medicine the next day.

Swelling however went on increasing every day and on the fourth day, I found some fluctuation in the centre of the carbuncle. Hot application was unbearable, Cold poultices were applied and Calc. sulph 30 given three times a day.

Not much improvement in general condition and carbuncular swelling.

Silicea 200 two doses. Abscess burst open at night and considerable amount of pus and blood came out.

Two more doses of Silicea 200 were needed and he was cured in a month.

Case III. Hoarseness and sorethroat—Rumex.

Miss. L, a European lady, strong and robust looking, came under my treatment on the 22nd January 1914.

She was troubled with violent cough at night, commencing from evening about 6 P. M.

Hoarseness from morning till late at night, voice got almost inaudible during the afternoon.

Much tickling sensation in the larynx, so much so that she was unable to speak.

Talking, laughing and uttering high sound are always attended with violent cough and increase of titilating sensation in the throat.

Bowels inclined to be loose, especially the morning stool. Appetite fairly good.

She is subject to cold, even the slightest exposure causes severe catarrhal symptoms.

Complained of much pain and soreness in the throat, especially at night. On examining throat, tonsils were red and somewhat enlarged. There was swelling of the pillars of the soft palate and granulations in the upper part of the larynx which caused tickling sensation,

Rumex 6x three doses in the day, six hours apart.

Next day cough was much less and the patient felt comfortable.

Repeat *Rumex* thrice daily. Improvement continued.

No more medicine. The sorethroat was also gone.

Case IV. Cystitis acute—*Merc sol*.

J. N.

Babu M. Bhattacharyya, a young man of 23, much addicted to intoxicating drinks, had an attack of gonorrhœa in the winter of 1913 and was treated allopathically with relief. It was not perfectly cured, some urinary troubles appeared.

In January next year he was brought to me by his brother with agonizing burning and intense straining in micturition. He had to go almost every five minutes and pain and tenesmus were awful, only a teaspoonful of urine voided.

There was a thick, dirty brown sediment deposited on the vessel which was somewhat sticky.

Slight feverishness in the evening with copious perspiration without relief of fever or suffering. He perspired more when straining in making water. His brother gave him *Cannabis sat*, *Cantharis* and some other medicines from a homeopathic physician without relief.

On the 23rd January I gave him of *Merc sol* 30 every four hours. This gave him some relief at once. I told him to continue the medicine the next day which was a mistake, it aggravated the case the next day. Urine voided almost every minute and much stinging. I stopped the medicine, seldom any amelioration.

26th. One dose of *Merc viv* 200 dry on the tongue. The effect was marvellous. In fact this cured the patient. I had to repeat a dose after a week.

## TUBERCULOSIS : DIAGNOSIS AND TREATMENT. OPEN AIR, HYGIENIC, X RAY AND REST.

LEONARD E. BARTZ, M. D., WINDSOR, COLORADO.

There is but little new in the early diagnosis of tuberculosis, which has not been written and many times re-written by most eminent authors ; therefore I claim but little originality of thought in presenting the first sections of this paper for your consideration and indulgence. It is hoped, by repeating and re-assembling accumulated points of interest, to arouse a more ardent spirit of investigation and to stimulate careful and painstaking concern in applying modern scientific diagnostic methods. There is no one disease by whose never ceasing ravages more men and women are invalided and incapacitated in the primal period of life, when by all the rules which are rightfully desired they should be the most active, animated and vigilant in the affairs of humanity. Every year a great army of earth's valiant soldiers are laid low by the mighty arm of the tireless reaper while tuberculosis stalks abroad in the land, taking here a bud and there a flower, and the mothers of the sons and daughters of earth weep with fear that he may return for the ripened fruits of their labors and sunshine.

The early diagnosis may be divided into predisposing causes, early pathology and bacteriology, serum tests, fluoroscopy and radiography, physical examination and symptomatology.

*Predisposing Causes* —Of all predisposing causes favoring its development, which might become a factor in early diagnosis, none is more important than heredity or family history. It has been estimated that one-half of all persons suffering from pulmonary tuberculosis, the most frequent form of the disease, furnish a history of hereditary tendencies, and that one out of three persons having tubercular parentage during

some period of life become phthisical. It is immaterial for the purpose of early diagnosis, whether the tubercular bacillus or other *modus operandi* of the disease is transmitted to the fetus through the maternal circulation, to the nursing infant through the lacteal fluid, or by infection taking place through close parental association. It is important to note, however, that the child with tubercular parentage is more liable to its development than is one free from such history. Therefore, the presence or absence of parental or family tuberculosis is of vast importance to the diagnostician in arriving at a correct and speedy conclusion. Manifestations, which would create no suspicion in an individual free from tuberculous history, are a source of interest and alarm when the family tree has been warped or depleted by its invasion. Such individuals have a lower power of resistance to the disease. Children are liable to snuffles, bronchitis and scrofulous induration and ulcerations. In adults the chest is apt to be narrow and flattened. With the consequent loss of full expansion, the apices of the lungs are easily subjected to congestion and infiltration. If in either event there is present a persistent tachycardia or constantly increasing emaciation an early breakdown may be expected.

Other diseases frequently predispose to tubercular invasion and are of diagnostic significance when recovery is delayed beyond prognostic expectations, typhoid fevers, which drag into a long, tedious and exhaustive convalescence, without apparent complication resulting from that disease alone, often furnishing a tubercular history or develop it primarily. Repeated attacks of either lobar or bronchial pneumonia will usually lead to the discovery of a tubercular diathesis or to an acute exacerbation of that disease rather than pneumonia itself. Influenza, diabetes, syphilis and other exhausting diseases are often predisposing factors and a careful observation

of their progress may lead to an early discovery of arrested tuberculosis.

Knife grinders, metal polishers, miners, and mill workers daily submerged in an atmosphere loaded with minute particles of floating metal or fabrics, are subject to occupational pulmonary tuberculosis.

*Early Pathology and Bacteriology.*—The first pathological change occurring after tubercular invasion is the growth of the tubercle at the site of inoculation. This lesion is caused by the tubercular bacillus, in whatever part of the body it may occur. The tubercle is visible to the naked eye as a small nodule and is so uniformly present in advanced cases of tubercular infection that it has given rise to the name of the disease. It appears as a small granular body or as a diffuse inflammatory process containing serum, fibrin, pus, epithelium, connective and granulating tissue. There is nothing distinctive about the tubercle, other than the presence of the tubercular bacillus. The elements entering into the formation of the tubercle are the bacilli, leukocytes, epitheloid and giant cells. Whenever the tubercular bacillus invades an organ the fixed tissue cells, especially those of the connective tissue and endothelium of the capillaries, rapidly proliferate and form layers of elongated or epitheloid cells, and constitute the principal substance of the tubercle. The giant cell is the result of the coalescence of the epitheloid cells, and are said to be distinctive of a tubercular formation. While proliferation and giant cell formation is going on, leukocytes cluster around the periphery of the mass of epitheloid cells. Eventually degeneration followed by caseation and softening of the tubercular mass takes place, leading to abscess and cavity formation. In many instances the tubercle, immediately before softening takes place, is converted into a dry, hard body by deposits of calcium salts and becomes encapsulated.

and walled off from the surrounding tissue. The calcified tubercle furnishes a distinctive early diagnostic factor in fluoroscopic and radiographic diagnosis. In general miliary tuberculosis the early appearance of the tubercle in the choroidal membrane surrounding the optic nerve, affords a means for ophthalmoscopic diagnosis.

If the tubercle goes on to softening, the bacillus is liberated into the fluids, secretions or excretions of the body and their presence may be demonstrated by microscopic examination. When the bacilli are found it is positive evidence that a tubercular lesion exists. If found in the sputum, the most favored secretion, it is conclusive that the lesion is somewhere along the respiratory tract. Their presence may be accompanied by other physical manifestations when the air cells and deeper structures are involved. On the other hand there may be no clinical verification, as in case of small superficial ulcers or abscesses of the larynx or bronchi. Thus it may be that large numbers of bacilli may be microscopically demonstrated in the sputum or bronchial mucus without discovering any pulmonary involvement on physical examination. Again cases of most malignant types show but few if any bacilli in the sputum. This may be owing to a wide diffusion of the tubercles, favoring intoxication without degeneration. In rare cases of cavity formation, the bacilli are demonstrated with difficulty, owing to hypersecretion of mucus along the respiratory tract. For this reason it is sometimes expedient in the presence of other clinical manifestations to prepare slides on many successive days before eliminating the possibility of tubercular involvement. Microscopic examination might be facilitated by dissolving the mucus in the sputum with a weak solution (0.2 p. c.) of caustic potash and preparing the slides from the precipitate of centrifugal or conical-glass sedimentation.

*Serum Test.*—Next in importance to finding the tubercular bacilli in the secretions or fluids of the body, the serum or tuberculin reaction test is the most important agent in the hands of the physician for making an early and reliable diagnosis. The serum will react readily in those forms of the disease in which no bacilli-laden secretions are obtainable for microscopic investigation ; for the reason it has a special and large field of usefulness as a diagnostic agent. In the presence of tuberculin reaction a positive diagnosis may be safely ventured. The absence of such reaction does not necessarily preclude its presence and in the face of other clinical evidence every precaution should be taken before making a negative diagnosis.

At various times there have been several distinct methods, for applying tuberculin tests, each of which has had ardent and worthy advocates. Early users injected the serum subcutaneously in increasing quantities until they succeeded in securing systemic reaction, as indicated by rise of temperature, quickened pulse and general aggravation of the disease. In addition to the constitutional symptoms produced, a local reaction took place at the site of injection. VonPuquet made use of the latter fact and applied it locally to the abraded skin and found it gave a characteristic local reaction. Clamette, use a preparation freed from glycerin, and instilled it into the conjunctival sac. A general congestion of the conjunctive occurs in subjects with active general tuberculosis, while no reaction takes place in the normal. On account of early development of tubercles in the choroidal membrane in acute general and pulmonary tuberculosis, the ocular reaction is probably the most sensitive and reliable method ; but on account of the delicacy of the organ and the unfavorable results obtained in a few isolated cases, a popular prejudice against its general use has arisen. Later, Moro ap-

plied a tuberculin ointment to the unbroken skin and found it of equal value. Because of its simple and painless method of applying and the undisputed reliability of its positive reaction it has come into popular use as an early diagnostic agent.

The Moro ointment contains Koch's old tuberculin and anhydrous wool fat in the proportion of 5 c. c. of the former and 5 grammes of the latter. Careful attention to the technic of preparing the field of application is essential. After cleansing the surface with soap and water the skin should be sterilized with an antiseptic, preferably corrosive sublimate and alcohol, as a precaution against mixed infection. After the surface is well dried a half milligram of the ointment is thoroughly rubbed into the skin and allowed to absorb spontaneously. A cover of oiled silk will guard against irritation from the clothing and further prevent mixed infection.

The effects of the inunction is to be observed on several successive days. The result is positive when small papules appear over or near the applied area and negative in the absence of any rash. Constitutional symptoms are exceptional. Positive reaction may be divided into three distinct grades, viz., mild, medium and strong. In mild reactions only a few papules, sometimes as few as one or two, appear after twenty-four to forty-eight hours. There will be slight redness over the area of application, which disappears after a few days without itching or annoying. During medium reactions a hundred or more papules appear in the course of twenty-four hours. They are red and miliary in size, while the intervening skin is likewise red over the area of application. The rash fades out after several days and is accompanied by considerable itching. Strong reactions have profuse nodular papules which extend out beyond the area of application. They often appear within a few hours and are

accompanied by severe itching and extensive dermatitis. The eruption dries up slowly and after a few days becomes scaly, while a brownish pigmentation remains for two or more weeks. Plain lanolin may be used as a control.

*Fluoroscopy and Radiography.*—The x-rays have recently been accepted as a diagnostic agent in pulmonary and osseous tubercular affections. While generally speaking the x-rays are chiefly used to corroborate other diagnostic methods, yet many times by their aid incipient infections are discovered that were not recognized by percussion, auscultation or other means of examination. The boundary lines of infiltration and consolidation are distinctly delineated on the fluoroscopic screen, while the relative position and degree of advancement of the diseased parts are accurately designated.

The fluoroscope is to be preferred in pulmonary diagnosis, whereas in bone affections the radiograph affords better opportunities for study and outlining of areas of congestion and necrosis. In chest examinations the movements consequent to respiration destroy clear cut details in radiographic work.

A thorough knowledge of the appearance of the normal chest is essential to correct interpretation of reflections on a fluoroscopic screen. A fact well worth remembering is that in many normal chests the right apex is not as clear as the left. The fluoroscopic reflex of the normal lung is transparent and brightens at the close of inspiration with a clear transmission of light between the ribs. Incipient tuberculosis, or beginning infiltration, throws a hazy fog between the light and the observer. This haziness gives the clavicle and ribs on the affected side an appearance of a veil thrown over them. The light reflex becomes more gray and the ribs lose their clear outline as infiltration advances to consolidation. After complete consolidation of a part of the lung, the light is nearly gone and the edges of the ribs and clavicle are not distinctly

visible. The boundary lines of consolidated areas are distinguishable and may be surrounded by a border of haziness as in beginning infiltration. When both sides are involved comparative examination will point out the one which has progressed the farthest. Persons complaining of one-sided affection are frequently found suffering from double involvement. Again, areas of involvement may be discovered in the lower part of the lung when the apex alone was suspected on physical examination. At the commencement of cavity formation, flashes of light will be seen to penetrate through the dark shadow of consolidation. As disintegration advances a light area with dark spots or lines, the results of debris, appears. When destruction of tissue is complete, we get the bright reflex of a formed cavity. The cavity with a round or regular border is easily recognized as a bright light behind a smoked glass, with a dark border of consolidated tissue and all surrounded by the haziness of infiltration. In large irregular shaped cavities the dark borders might be mistaken for infiltrations and the bright reflexes for healthy lung tissue ; or the dark dividing lines in multiple cavity formation for the debris lines of beginning degeneration, but with other physical signs and symptoms which are likely to be present, a correct interpretation should not be difficult. Miliary tuberculosis is recognized on the screen in the form of dark spots, scattered throughout the lung, giving it a checkered or mottled cast. The spotted appearance is intensified in cases in which calcification of the tubercles has taken place.

*Physical Examination and Symptomatology.*—Physical examination and symptomatology for the early diagnosis resolves itself into multiple divisions and subdivisions, corresponding to the organ or group of organs in which the disease is localized. For convenience the several divisions

might be grouped into acute, pulmonary and other forms of tuberculosis.

*Acute General Tuberculosis.*—Acute general tuberculosis results from the entrance of tubercular bacilli into the bloodstream, which in turn distributes the infection throughout the organism. It simulates a highly toxic typhoid state and the most expert diagnostician might find it difficult to differentiate one from the other until distinctive symptoms develop.

The disease is commonly ushered in with general malaise, weakness, chills and fever. The fever may be abruptly precipitated and run an irregular course with evening rise and morning remission. The high point seldom reaches above 103 or 104 degrees Fahrenheit, while the morning remissions are at greater variance than in genuine typhoid. The remission often reaches the normal or even the subnormal. Again, the temperature may remain high for several days before remitting. The pulse is rapid and feeble, the face flushed and the tongue dry and burned. Respiration is hurried and laborious and aggravated by annoying bronchial cough. Prostration is intense, mind dull with mild delirium or stupor. The skin is studded with a fine millet seed like elevation, which induced some authors to classify the disease as miliary tuberculosis. A negative Widal test, the presence of the tubercles in the choroidal membrane, the demonstration of the bacilli in the blood and rarely in the sputum are about the only reliable distinctive evidence of the disease.

The general infection may localize and spend its entire force in the lungs or meninges. If it pre-eminently localizes in the lungs, there will be in addition to the symptoms of general infection, cough, bloody sputum, dyspnea, cyanosis and diffuse bronchitis. History of a previous cough, tubercular disease of glands, bones, or other organs, and in child-

ren a recent attack of pertussis or measles, may be of great value in making an early diagnosis. Consolidations though rarely extensive are frequently found. When present they are usually situated in the base and posterior parts of the lungs.

If it localizes in the meninges, symptoms common to other forms of meningitis are present and it may be difficult to differentiate in the absence of a pre-existing tubercular focus. Lumbar puncture may furnish a fluid containing tubercular bacilli. The onset of tubercular meningitis is not as abrupt and the fever not so high as in suppurative meningitis. Leukocytosis is either slight or absent in the former, while very marked in the latter variety.

*Pulmonary Tuberculosis (Phthisis).*—Pulmonary tuberculosis is commonly divided into acute, chronic and fibroid.

*Acute Pulmonary Phthisis.*—Acute pulmonary phthisis is a tubercular-pneumonic process running a rapid course and is chiefly to be distinguished from lobar and bronchopneumonia. The onset is usually precipitated with a chill and fever. Its symptomatology may not be distinguishable from acute lobar pneumonia until the eighth or tenth day, when instead of the expected crisis the patient grows worse and the ultimate signs of tubercular softening appear. Recurrent chills and sweats, distinctly remittent temperatures, continuing with unabated severity beyond the tenth day, rapid emaciation and the phthisical nature of the disease, are the physical manifestations upon which an early diagnosis must be erected. The bronchopneumonic form of acute phthisis is most prevalent in childhood and constitutes in a majority of instances the fatal bronchopneumonia which follows measles and whooping cough. The same features distinguish it in the lobar form.

*Chronic Pulmonary Tuberculosis. (Consumption).*—Chronic pulmonary tuberculosis comes on gradually and insidiously,

with the exception of those cases which follow acute general or acute pulmonary tuberculosis. There is no division of tubercular invasion and probably no other disease, in which an early diagnosis is as essential for the successful treatment and upon which the ultimate results attained is more dependent than in chronic pulmonary tuberculosis. It is this class which constitutes "The Great White Plague", and which brings sorrow and suffering equally to the home and the nation ; and against whose overpowering mastery of human resistance the wealth and influence of society should be formidably organized to prevent its further advancement and supremacy.

The clinical course presents a great variety in its mode of invasion, intensity of progress and final termination. This variance is most pronounced in its symptomatology during the period of invasion or incipency. There is grave danger of overlooking its existence when its onset is different from the typical type as manifested in slow onset, cough, fever, sweats, expectoration, hemoptysis and emaciation, which the physician has been taught or has learned to recognize as being essential to its presence. The atypical type, in which one or two symptoms are so prominent that all others are overshadowed and unrecognized, unfortunately cover a larger proportion than is generally supposed. There is the fever type, in which the temperature is the predominating symptom ; the hemorrhagic type, in which hemoptysis is the first and many times the only symptom ; the pleuritic type, with pain as the only complaint ; the catarrhal, the pneumonic, the asthmatic and the dyspeptic types, each having symptoms pointing to single organs or restricted fields or irritation.

*Inspection.*—Careful and painstaking inspection of certain physical characteristics will frequently anticipate the disease. Tall, slender people with amyotrophic chests are liable to contract this variety. The chest is abnormally long, narrow and

flat, with an acute epigastric angle,—in women allowance must be made for dress deformity. The clavicles, scapulæ and ribs stand out prominently. The interspaces are abnormally wide and in the presence of extensive pleuritic adhesions, are drawn inward during inspiration. The supra- and sub-clavicular spaces are depressed on the affected side ; and in bilateral involvement the entire inspiratory movement may come to a sudden halt with a jerky cough just before it is completed.

A papular rash in disseminated patches, most frequently over the scapular region, is often discovered on examination. In fact the patient might have been induced to consult his physician on account of the rash. It may have continued over a long period of time or taken the form of herpes zoster during acute exacerbation ; and because the usual "blood medicines", did him no good comes seeking advice from higher authority. In addition to the papular rash dark blotches may appear during the stage of infiltration, though they are usually indicative of late consolidation or early softening.

A peculiar pallor or transparency of the skin, simulating that of chlorosis or anemia often appears in the earliest stages of invasion. The pallor is especially noticeable in young women with amenorrhea or other menstrual disturbances. There is a general belief prevalent that the amenorrhea and consequent chlorosis will eventually lead to consumption, whereas in a vast majority of those cases it is already there and is primarily responsible for the menstrual disturbances.

*Sputum*.—The sputum is mucoid, muco-purulent or purulent, depending on the amount of destruction and whether there is a mixed infection. It contains thick yellowish, cheesy lumps or granules, embodying bacilli in varying numbers, which fact makes it a sheet anchor in the early diagnosis of chronic pulmonary tuberculosis. Chalky deposits of calcium

masses, and elastic tissue from blood vessels, bronchi or alveoli, indicate degeneration of tubercles. Microscopically it is difficult, if at all possible, to differentiate tubercular sputum from that of chronic catarrhal pneumonia or bronchitis; but inasmuch as the latter diseases should be looked upon with a considerable suspicion as indicating tubercular infiltration, the microscope should prevent diagnostic error. It is in this branch of tuberculosis that the sputum with its inhabiting bacilli is of great diagnostic value. In no form are the bacilli as early and constantly present.

Wagner calls attention to the presence of albumen in tuberculous sputum, whereas it is seldom found in appreciable quantities in simple catarrhal affections. It is to be demonstrated in the filtrate by the ordinary heat or potassium ferrocyanid tests after decomposing the mucin with dilute acetic acid.

*Palpation.*—Palpation in beginning infiltration is often negative, though there may be tactile fremitus over the infraclavicular space of the affected side. Consolidation gives a distinct vocal fremitus and, unless diminished or obscured by thickened pluræ or effusion, is early recognized. After softening, vocal fremitus may continue more marked even with cavity formation when the entrance of air to the affected area is unobstructed. The skin is warm or hot to the touch, unless cooled by sweating, when it is moist and clammy.

*Percussion.*—Percussion over the affected apex gives a higher pitch and impaired resonance during infiltration, positive dulness on consolidation and a “cracked pot” note in cavity formation.

*Auscultation.*—One of the first physical signs of apical infiltration is manifested by abnormal prolongation of the expiratory murmur and feeble crepitant, cog-wheel or harsh bronchovesicular inspiratory sound. They are best heard just

above and external to where the bronchial tubes are given off, over that part of the thorax uncovered by the scapula while the hands are placed on the opposite shoulders when standing or crossing over the head, face downward, when reclining. Cog-wheel or interrupted inspiratory sounds, consequent upon interference with free air passage into the vesicles by newly formed tubercles, must not be confused with stridulous breathing caused by compensatory cardiac impulses. Vocal resonance is but slightly augmented and care should be taken not to be deceived by normal physiological intensity below the right clavicle. As infiltration advances to consolidation, vocal resonance is intensified and the inspiratory act relatively shortened, the vesicular element is eliminated, and broncho-vesicular is superseded by bronchial breathing. Crepitant rales heard at the end of inspiration are more numerous and are progressively merged into subcrepitant and mucous rales of breaking down of tissues. Cavity formation gives a blowing or cavernous sound to respiration. The heart impulse is carried over the area of consolidation and in the presence of cavities with amphoric note.

*Fever and Sweats.*—Fever is the most important and constant general symptom. It may be continuous, intermittent or remittent. The height of the paroxysm is reached in the evening, between two and six o'clock and the greatest remission between the same hours in the morning. The paroxysm may last an hour or two or continue throughout the greater part of the day. The remission may last over several days after rupture and discharge of small bronchial abscesses. For that reason, temperature should be measured at short intervals for many successive days, to avoid possible overlooking an irregular elevation. The intermittent type might easily be mistaken for malaria where that disease is prevalent. The remittent type usually indicates consolidation and the inter-

mittent, cavity formation, but this rule might be considerably varied because the disease in all its stages might be present at the same time in different parts of the same lung.

Any daily afternoon rise of temperature, without apparent cause, should excite suspicion of incipient tuberculosis. The afternoon temperatures are usually associated with a flushed face and brilliant eyes, giving expression to the familiar hectic flush. The morning remission is accompanied by cold sweats, and is an early diagnostic symptom in strumous children. Profuse sweating after sleep or during slight exercise in ordinary temperatures might indicate a scrofulous diathesis in otherwise apparently healthy individuals. In late stages sweating is profuse and continuous and rapidly exhausts the patient's strength.

*Emaciation*—Loss of weight is progressive from the earliest beginning of extensive involvement and it is seldom that a greater degree of emaciation is witnessed than that encountered in the last stages of this disease.

*Pulse*.—The pulse is weak, rapid, excitable and arrhythmic. A febrile tachycardia without obvious cause is an early characteristic.

*Gastric*.—Often the earliest symptoms are found in the mouth and throat. There are small recurrent ulcers associated with a dry parched throat, epigastric distress, sour eructations, flatulence or vomiting. Gastric distress may be owing to nervous reflexes or to tubercular gastric or duodenal ulcers. The distress might be so predominant that the real difficulty is completely masked.

*Nervous*.—The mind, in the absence of meningeal complication, remains clear throughout all stages and gives rise to the proverbially hopeful patient.

*Pain*.—Pain may or may not be present. When present

it is due to the strain of coughing or to pleuritic involvement and may be distressing in the extreme.

*Cough.*—A most common mode of onset is through an ordinary neglected cold that doesn't get well, in which a dry, hacking bronchial cough prevents restful sleep and interferes with nutrition when it causes frequent vomiting.

*Hemorrhage.*—Hemorrhage in some degree is present at some period in nearly all cases. It may precede all other manifestations by months or years. It may be in the form of blood-streaked sputum, small quantities of clear, red blood or in large, fatal quantities, coming on late in the disease or as the first warning of tubercular involvement. An extensive hemorrhage is usually preceded by burning and distress in the region where it arises.

*Dyspnea.*—Dyspnea is not a constant early symptom, but is associated with complicating broncho-pneumonia.

*Fibroid Tuberculosis.*—Fibroid tuberculosis usually follows an arrested acute or chronic pulmonary or pleuritic tuberculosis. As described under the early pathology and development of the tubercle, its growth and degeneration might be arrested by calcification and encapsulation. The consequent excessive connective tissue contracts the vesicles and gives to the lung its fibroid nature. It also follows bronchopneumonia, to which disease it is closely allied, and is only to be differentiated by the presence of the bacilli and the characteristics of chronic pulmonary tuberculosis.

*Other Forms of Tuberculosis.*—Tuberculosis of the lymphatics, the meninges, the genito-urinary system, the intestinal tract and other organs of the body are in most cases secondary to pulmonary disease and show nothing distinctive on physical examination."

*Open Air.*—Open air treatment of the tuberculous resolves itself into climatic, 'sanitarium and home. Fresh air and

plenty of it,—how, when and where to procure it regularly and continuously is the object sought. The average tubercular patient is afraid of fresh air and is persuaded to expose himself to the possibility of draughts or temperature changes with difficulty, especially under weather or climatic conditions which he believes to be responsible for his ailment. Because the disease is most prevalent in damp, cold seasons he shuts himself up in a tight, hot room to keep from taking cold.

—*The American Institute of Homeopathy.*

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### THE TOTALITY OF SYMPTOMS.

P. C. MAJUMDAR, M. D.

For the physician, the disease consists only of the totality of its symptoms. Hahnemann justly says in his masterly work—the Organon “Now, as in a disease,—from which no manifest exciting or maintaining cause (*causa occasionalis*) has to be removed, we can perceive nothing but morbid symptoms, it must be the symptoms alone by which disease demands and points to the remedy suited to relieve it, and moreover the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease, that is of the affection of the vital force, must be the principal or the sole means, whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate remedy and this, in a word, the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health.”

This is our master's idea of disease and its cure—the only duty of a physician. In this article we want to point out how far this object is maintained by homeopathic physicians in this country.

In former years homeopathy was introduced into this country by the laymen and they knew nothing else except the symptoms of

the patients by which they tried to cure the sick. Now we have graduates of allopathic Colleges and some half homeopathic Colleges in America, coming forward in the field of homeopathic practice in India. Some of these graduates are thoroughly converted into real homeopathic physicians of Hahnemannian type but there are others who are not thorough believers of the Organon. They want to cure their patients by the names of the diseases and by pathological speculations.

As it is expected, their success in practice is not so marvelous as that effected by the true believers of Hahnemann. Those laymen who introduced Homeopathy here are now lauded very much for their excellent cures. And by their success people were led to accept homeopathic medicine for the cure of the sick. They generally treated their cases by the aid of materia medica and repertory. They had no theory, they wanted to do nothing but to remove the symptoms and the ultimate result was successful cure of their patients.

Now we have observed quite a different aspect of the practice of our arts. These pathological doctors now-a-days do not pay much attention to the symptomatic indications of our remedies. They select medicine in an offhand manner.

We had recently seen a case where a young man had a large abscess in the lower abdomen with slight fever, emaciation, itching eruptions over the whole body, great restlessness at night, increase of pain and tenderness after the sunset and susceptibility to cold &c. &c. It was a true picture of Hepar sulphur. An eminent homeopathic physician of this town was called and he thought the fever was due to tubercular infection and prescribed tuberculinum 200 every morning for four days without the least benefit. Another physician was called and he posed himself a true disciple of Hahnemann thought it is due to scrofula and cal. carb high potencies were tried with the same fate.

The case was given to us at last. The patient's relatives have unbounded faith in homeopathic medicines and with a few doses of Hepar 30 morning and evening, we effected a complete cure in a

short time. Abscess was burst open, pus came out and scabious eruptions all disappeared.

There is another class of homeopathic physicians here who pay no attention to what is dictated by general medical science. They don't care to ascertain the nature of the disease, how far it is amenable to treatment and how far it is worthy of Hahnemannian treatment. They often cut ridiculous figures before the general public and medical fraternity. They ought to know that Hahnemann only discovers the law of cure, the only certain guide to the selection of medicine according to symptomatic indications.

Symptoms are always ascertained by asking the patient all about his suffering and some observations are to be made by the medical men by all kinds of medical examinations. By taking into considerations of all symptoms of the case revealed by the patient himself and ascertained by the physician, his duty next consists in selecting the right remedy. Totality of the symptoms means all the symptoms of the patient's ailments. So the physician cannot neglect anything.

What a physician ought to do is very graphically described by Hahnemann in para 3 of the Organon which runs thus.

"If the physician clearly perceives what is to be cured in diseases, that is to say in every individual case of disease ( knowledge of the disease indicated ), if he clearly perceives what is curative medicine that is to say, in each individual medicine (knowledge of the medicinal powers), and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action, to the case before him (choice of the remedy, the medicine indicated), as also in respect to the exact mode of preparation and quantity of it required (proper dose ), and the proper period for repeating the dose, if finally he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent ; then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art."

We implore our practitioners in this country to follow strictly what our Master has taught us in his wonderful medical works and thus do immense good to our suffering humanity under our care.

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### PUERPERAL METRO-PERITONITIS.

This is a grave disease from various points of view. In the first place it has a tendency to assume that dangerous disease known as puerperal fever or puerperal septicæmia. In that case mortality is unusually great.

In the second place if it assumes a chronic state it undermines the health of the parturient women for ever. In this stage organic changes have taken place in uterus and its appendages which are very difficult of cure. Of course in homeopathic therapeutics we have a number of very efficacious remedies to correct this condition of organic changes. Still it requires a good deal of tact of the physician and a considerable number of days for its complete recovery.

If early attention is drawn to this state of affair by the physician in charge of the case and due cure is taken to remedy, a great amount of trouble is saved. Both the physician and the patient must thank their stars for this favorable termination. So we must take special care to see everything of a woman after her childbirth.

This serious disease is not fortunately of frequent occurrence. It generally appears singly but often in an epidemic form and the effect of this epidemic invasion is very serious, attended with alarming death rate.

It may be caused by various ways. The most frequent cause is the faulty condition of the lochia. If the discharge is not free and if it becomes purulent from some cause or other, there is a possibility of this disease invasion. If by chance any portion of the after birth is retained in the uterus or a number of blood clots are stagnant in the interior of the organ, they are likely to have a putrefactive changes there and septic degeneration of blood takes place. This is a fruitful source of puerperal metritis. Sometimes infection takes

place by the careless nurse or accoucheurs and from it the disease takes its origin. Unfortunately we have had much experience of all this in our practice.

Here is a case to show how wonderfully homeopathic medicines cure such cases.

A young woman, of good physique, mother of three children, all of them living, had an attack of fever four days after childbirth. Notwithstanding the vigorous attempts of the allopathic doctors the fever aggravated and assumed a typhoid condition. Lochia which was suppressed at first, appeared in a deranged condition. It was sanious and grumous with horribly stinking smell, rather copious. All kinds of allopathic injections were tried in vain. Fever increased in the morning about 6 A M with shivering, and drowsiness, pain over the whole body more on the abdomen and limbs. Great tenderness over the uterine region. Much thirst for large quantity at long intervals, copious perspiration but slight relief. Great anxiety and fear of death. Temper irritable. Range of temperature between 101 and 104 F.

Bryonia 200, one dose, dry on the tongue followed by three powders of Placebo.

Chill less, also not much thirst. Lochia less foul smelling. No injection of any kind. Fever rose to 102 F and came down to 100F.

Placebo four powders next morning, every 6 hours. Patient's mind is much easier. She was thus cured by a single dose of Bryonia 200. Everything gone smoothly and she recovered her health in a month's time.

When the fever was high, her food consisted only of barley water and some fruits. But as appetite was growing sharp she got barley with milk, and then bread and milk and lastly rice, and fish soup. Plenty of pure water for drinks.

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# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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## THERAPEUTICS OF DROPSY.

Dropsy may arise from various causes and as a concomitant conditions in many disordered states of the organs. For instance dropsy may be caused by functional and organic disturbances of the heart, lungs and kidneys. It may be due to anemic condition of the body as evidenced in cases of malarious fevers with enlargement of the liver and spleen. Here we find dropsy as a precursor of death. When a patient get dropsical swelling after some prolonged illness of any kind we are apprehensive of immediate desolution.

When it is merely of a functional character and not far advanced we are sure it will pass off by proper remedial measures. But here again if we neglect our cases in the beginning the cure is not very certain and recuperative measures are of little value. So in the onset of this condition it is our bounden duty to examine the case thoroughly and ascertain what organ or organs are particularly involved and take proper means for its eradication. When much valuable time is lost nothing can be done.

In homeopathic practice there are many remedial mea-

tures for the cure of dropsy, we mention here some leading remedies with appropriate indications in the selection of these remedies.

**Acetic Acid** : is much neglected but very useful remedy in dropsical cases. Must be always administered by proper indications which are the following.—When the limbs and face have waxen or anemic looking. Lower parts of the body are particularly affected as abdomen and the lower limbs, in cases of ascites. Much thirst is present. In this it is distinguished from Apis. In Acetic acid gastric disturbance is marked as acidity, sour belching, water brash and diarrhoea. We have seen its marvelous powers in case of dropsy in phthisis. We generally prescribe it in lower potencies and often repeated doses.

**Apis Mellifica** Our next useful remedy in dropsy in apis. Albuminuria, urine scanty, high colored and burning, almost no thirst, pale waxen skin, burning of body, afternoon fever and dyspnea. If there are red pimples in the body and erysipelatous red swelling present it is far more indicated.

**Apocynum Canab** Swelling in any part of the body, general dropsy as well as ascites, hydrothorax, usually without any organic mischief. The patient cannot tolerate any food. Food and drink are immediately ejected. There is a sunken, gone and exhausted feeling at the pit of the stomach. Heaviness of the head, drowsiness, restless sleep and extreme debility. The pulse is low, no fever. Bowels constipated, kidneys are torpid, urine copious, almost involuntary. Oppression in abdomen and chest. Heart action is weak and frequent. It is very useful in cardiac dropsy. Even in incurable cases it will often palliate. But in this case a very large doses should be given.

**Arsenicum Album.** Is a grand remedy in cases of dropsy in all stages and conditions. It is always useful in dropsis

of renal, cardiac and hepatic origin. Intolerable thirst, drinking often in small quantities, followed by vomiting. Fever, burning of the body, pale and anemic appearance and great restlessness. We have cured cases of dropsy of malarial origin with this medicine alone in high potencies and not frequently repeated.

Arsenic, Apis and Apocynum form a trio with which Dr. Richard Hughes of England wanted to cure all cases of dropsy. He was not wrong in his assertion, but there are other valuable remedies which are useful in profoundly affected system where they act as constitutional remedies and eradicate the disease totally. Such as Lycopod, sulphur Hellebor, Digitalis &c. &c. We have here the indications of them in dropsical cases.

Lycopodium. is a grand remedy in cases of dropsy even attended with much derangement of the vital organs and copious quantity of albumen in the urine. I had a very bad case of dropsy with albuminuria and casts in the urine, cured in the course of one month by giving Lycopod c.m. one dose a week. This case was given up as hopeless both by the allopathic and homeopathic physicians and kobirajes. This is a wonderful cure. Following symptoms are recorded :—"We find the remedy indicated in dropsies, particularly in the lower half of the body. The upper part of the body is emaciated, the muscles of the arm and chest are shrunken, the abdomen is distended, and the legs swollen and covered with ulcers, from which serum continually oozes. Now there are three remedies which may be given when ulcers form on the legs in dropsy. They are Rhustox, Lycopod. and Arsenic. The cause of the dropsy indicating Lycopod is liver disease. It has also been successfully used in hydropericardium in heart disease after the failure of Arsenic."

Helleborus. In dropsy of various organs of the body

**Helleb.** is a very useful remedy ; as in cases of hydrocephalus, hydrothorax &c. &c. The patient is apathetic, there is great muscular weakness, puffiness and pale face, jelly like mucous diarrhoea and some mental derangement are its characteristic feature. Urine is scanty and high colored. In dropsy cases, patients are always worse on lying down but if they are better on lying posture Helleborus is the remedy. Pulse is slow like digitalis.

**Digitalis.** is to be thought of in cases of dropsy consequent on heart disease. Here are weakness of the heart, slow pulse and dropsical swelling in all parts of the body. Urine is scanty and high colored. The amelioration is at once perceived if there is considerable increase in the urinary secretions. Diarrhoea may be present also.

There are some other remedies which may be used sometimes with good effect. Among them we mention here in passing Colchicum, Lachesis, Muriatic acid, Rhustox, scoparius, sulphur and Terebenthina.

We got good result from Lachesis in a case of dropsy where Lycopod was indicated but failed.

P C. Majumdar M. D.

## TUBERCULOSIS : DIAGNOSIS AND TREATMENT.

( Continued from page 156 No. 5 Vol. XXIII. )

Which method or combination of methods of securing fresh air is to be advised depends in a great measure upon the financial resources and physical status of the patient. In fact they should receive more consideration than is customarily deemed necessary. The physician cannot give intelligent advice until he knows the resources for carrying it out. It is useless to advise a patient to seek a change of climate when he has no means of support after reaching his destination. Un-

fortunately it sometimes happens that the ill-given advice is attempted in good faith with the likelihood that the patient will be stranded in the new locality and become a subject of charity among strangers ; and if his pride denies him the former and the state the latter his condition is pitiable indeed. Someone has correctly said, "Pure air does not compensate for discomfort and poor food.

If the patient must depend upon his present earnings he should be able to work and have the assurance of suitable employment before leaving home and friends. It is a sad day when one impaired in health arrives in a strange and unknown country without friends, money or employment. Then there is the wife and child of men with families, who must be provided for. If the patient is able to support only himself and the family is obliged to remain behind, he will in a short time pine for their association and worry over their welfare and soon turn his gain to loss.

The physical state of the individual should be carefully considered before advising him to go away from home and friends. Hopeless and helpless cases are daily sent to summer and winter resorts with the consent and by the advice of untutored physicians. Under no circumstances should they be sent away, unless their means are such that they may be accompanied by friends and adequate attendants to make their sojourn pleasant and comfortable. Persons beyond the hope of recovery are willing as a rule to make every sacrifice, to go anywhere and everywhere ; whereas in the early and curable stages no warning could induce them to avail themselves of such golden opportunities. They make long sea journeys, cross lonely and uninhabited prairies and deserts or climb over dangerous mountain passes ; and on account of exhaustion from the added strain are obliged to spend their dying days in strange lands, away from sympathizing friends. It is beyond

human knowledge to foretell the probable termination of any given case. We have all met with instances, which in spite of every unfavorable prognosis have made speedy and miraculous recoveries, while those for whom every hope of recovery was justly predicted came to a sudden and gloomy ending. A continuous high temperature, with short but marked remissions, especially in absorption or cavity formation; a weak, rapid pulse, continuously ranging above a hundred and ten; a steady loss of weight with marked emaciation, cyanosis, edema, serous exudates, offer but little hope of recovery and in their presence, the burden of useless and irksome travel should not be added.

Much of the laity and part of the profession are seemingly of the belief that open air treatment precludes all medical treatment. This is erroneous and often proves disastrous to the patient's welfare, the physician's honour and the reputation of the treatment itself. There is a tendency among tubercular people to revert to former habits of carelessness, unless constantly encouraged by the medical adviser. It is folly to depend on the patient's ingenuity to carry out directions.

*Climate.*—All else being equal climate has a decided advantage over other open air methods, in that it may at any time be supplemented by sanitarium and home treatments under most favorable conditions. The selection of the proper climate is not always easily determined. Neither are the best results obtained unless the individual needs and requirements are made the basis of selection. Often a temporary change of residence to a different climate from the one in which the disease was contracted with the addition of proper medical treatment will effect speedy cure. Others get relief from sea voyages or short seashore residences. But for most persons a longer residence in the high and dry atmosphere of the middle west or the warm climate of the southwest are probably most

suitable. Too much emphasis cannot be placed upon the necessity for continued residence in that climate where a cure is effected, because there is always danger of its early return under former environments. Residence in a warm dry climate encourages outdoor life, and sleeping in freely ventilated apartments. Added to equable atmosphere the pure sun-kissed and ozonated air of higher and rarified regions with its twofold stimulus—outdoor life and unconscious forced inspiratory action—there is at least an approach to the ideal climate for that great army of pulmonary afflicted humanity. In normal breathing the unimpeded air rushes through the trachea, bronchi and their minute ramifications to the vesicles. Many vesicles during normal breathing are neither emptied nor refilled except through the act of sighing or forced inspiration. In the very beginning of tubercular infiltration this normal stasis is supplanted by abnormal stagnation with agglutination of the vesicle walls. In rare atmospheres the required air for oxygenation is only secured by increased respiration. Inspiration in most cases is at first labored or dyspneic, but is soon followed by quiet, full and deep breathing, as the unused vesicles are forced open to receive their natural supply of pure fresh air.

*Sanitarium.*—The sanitarium or institutional method of open air treatment of the tuberculous has many advantages which can be appreciated only by those who have observed its workings from the inside. It is a school of instruction for the tuberculous. Even a short sojourn under its influence will do wonders in promulgation personal and communal prophylaxis. Much of our information in the home care has been taught by institutional methods. The patient is constantly under the watchful care of physician and nurse. Every change is recorded and every need carefully supplied. New habits of living are either consciously or unconsciously formed through

daily routine and contract with other inmates. But it is an advantage which can be long enjoyed only by persons of means, and therefore its full benefits can reach only a very small percent of those most needing its influence and help.

*Homes.*—Open air treatment in the home reaches out over the entire field of tubercular affections. At some stage every case must be treated in the home. Only better advantages are added to those who seek more favorable climates. The institutional patient invariably returns to home and friends. Then there is that boundless mass who never have any other form of open air treatment. It is estimated that more than ninety-five percent of all tuberculous cases for some reason or another, never have either climatic or institutional advantages. It is therefore this branch of open air treatment which commands our active energies in furnishing the greatest amount of fresh air to the greatest number of sufferers.

In the country and small towns an abundance of fresh air is easily secured. In large cities, suitable open spaces with free air circulation is not always procurable, especially in crowded tenement, business and resident districts. Outdoor sleeping throughout the year in some form of tent or canvas structure easily takes first rank. The tent house, where a moderate outlay is at hand, affords superior facilities for comfort and isolation. It should be erected on a part of the premises easily accessible from the family house and moderately sheltered against severe storms. And while it should receive direct sunlight it would be protected from intense heat during warm seasons. It is a good plan to build a substantial wooden framework over which canvas roofing is securely fastened. The floor might be left in the natural dirt but wood or cement adds both warmth and cleanliness. The sides might advantageously be boarded or plastered from the floor to above the bed, to shield the sleeper from annoying drafts without exten-

sive interference with fresh air circulation. The openings should be screened against flies and mosquitoes and provided with canvas drops to shut out extremes in inclement weather. When expense is an important item an ordinary tent made dry and storm proof will serve as substitute. In large cities, where direct sunlight and free air circulation are obstructed by surrounding buildings, a sleeping tent erected on top of porches, sheds or flat roofs of tall buildings will overcome the deficiency. Where this is not feasible for the want of suitable locations, or the feebleness of the patient, a window or awning tent will in a measure supply fresh air.

The extremes of weather are always a source of worry and annoyance in all outdoor sleeping arrangements. If the best results are to be obtained it must be made pleasant and comfortable. During cold weather the bedding must be warm and yet not unwieldy. Cold air circulation from under the bed is easily overcome by spreading several layers of papers under the blankets. A sleeping bag will be of immeasurable advantage. Cold feet are readily avoided by wearing wool stockings. Patients frequently complain of cold face and ears while sleeping out in the cold air in which event the knitted helmet or some similar device should be used to cover the head, neck and shoulders with openings for the eyes and nostrils. It is easier to keep a patient warm in cold weather than it is to keep him cool in hot and sultry weather, especially in crowded cities in warm and humid localities. Electric fans will do much towards cooling sitting or sleeping quarters. They are however not always procurable, neither are the proper facilities for installing them at hand.

*Hygienic Treatment.*—Tissue invasion by the bacilli is accepted as the chief factor in tubercular infiltration ; to guard against their intrusion is the principal object in hygienic prophylaxis. Infection takes place through the cutaneous

covering, the alimentary canal and the respiratory system. Primary cutaneous infection is of rare occurrence and is manifested in the form of lupus. Alimentary infection comes through the food we eat. Rare and uncooked meats from tubercular animals and foods handled by infected hands, are common sources. Careful inspection of dairy and meat herds, at short intervals, with authority to destroy infected animals or their food products, should be carried on by the several states through their expert veterinary departments. Infection through the respiratory system is by the air we breathe, and is the most frequent source of attack. *If the air we breathe could be kept free from bacilli, tuberculosis would soon retire from active business.* The most prolific source from which the atmosphere is saturated is from the expectoration of infected individuals. The sputum from persons with active pulmonary tuberculosis should be quickly and effectively destroyed, before it is dried and pulverized and carried into susceptible fields for colonization and proliferation.

*States and municipalities have repeatedly enacted laws, prohibiting expectoration in public conveyances, on sidewalks, in public halls, buildings and assemblages.* In most instances the laws are dead statutes and cannot be enforced, because they make *no provision for hygienic care of the natural debris* of either healthy or diseased persons. If public sanitation is to be effective, sanitary spittoons must be maintained in public places. The individual must be taught to treat his infected expectorations with due precaution and his sense of honor appealed to for the protection of his kin, friends, and associates.

Clean spit cloths and papes, though decried by some eminent men, are cheaply supplied those confined to their bed or room and easily destroyed by fire. Precaution should be taken and the family warned that in no event should the cloths be

otherwise disposed of. The hygienic cup or spittoon, while more expensive, is safer. The better ones are made with liners and spring covers. Into this the patient expectorates at will and at short intervals the liner with its contents are burned, and a new one inserted. A small piece of absorbent cotton saturated in diluted formaldehyde or chlorinated lime will act in the double capacity of germicide and deodorant.

*Hygienic treatment of the tuberculous begins with the mother of the unborn babe and should continue through its life.* The pregnant mother, with a tubercular history, should lead an outdoor and hygienic life and if possible in a favorable climate, to reduce the probability of transmitting her idiosyncrasy to her offspring. Under no circumstances should the newlyborn babe be permitted to nurse an actively tubercular mother. Neither should it be fed out of the same spoon unwashed and unsterilized. The filthy and insanitary habit of some milkless mothers, who warm and masticate a quid of food for their artificially fed infants, should need no mention were it not of too frequent occurrence among foreign and illiterate people.

*Lip kissing of infants* by tubercular persons should not be tolerated. Tubercular adenoids, tonsils and lymphatics in children should be early and completely removed, to prevent absorption and infection of more vital parts. How often have physicians encouraged the erroneous belief that a scrofulous child would outgrow glandular enlargements.

*The use of slate and pencil with spit erasing* as still practiced in rural schools should be prohibited as a useless and dangerous art. The common retainer for pencils and drawing crayons in the primary grades is another source for spreading tuberculosis among school children.

Neither a child nor an adult should occupy the same bed or sleeping room with a person having an active tubercular process.

Nurses and attendants are to be safeguarded by removing all unnecessary fabrics and furnishings, by occasional cleansing of walls and woodwork and by fumigating the room with formaldehyde gas.

The time is ripe when states and municipalities must and will take cognizance of the dangers of tubercular parenthood. Neither can they longer shirk the responsibility for continued spread of the disease through infected hotels, rooming houses and private dwelling places.

*X-Ray.*—The x-ray has a limited though definite field of activity in the treatment of the tuberculous. It can not be claimed that it has any germicidal effect on the bacillus, because when it is exposed to its light in a culture media no destructive action is perceptible. It has been demonstrated in the living tissue that under repeated exposures they grow smaller and decrease in numbers. It causes hyperemia in the exposed parts, reduces stagnation by establishing healthy circulation and through its tonic effect stimulates nutrition and normal metabolism. Outside of its tonic effect, it has but little if any value in the treatment of pulmonary varieties of the disease; it is not to be lightly considered as a palliative agent for the relief of pain. Its anodyne results in either primary or secondary pleuritic involvement is nearly equal to that of opiates, without any untoward depressions and demand for repetition.

Most pleurisies without exudates are permanently relieved after a week or ten days of daily exposures of the chest. Pain elsewhere due to inflammations of serous membranes respond equally as well to its influence. Bursitis and synovitis are invariably relieved if not cured, Lupus in its incipient stage furnishes a higher percent of cures under this than other methods and even inoperable cases have been known to be relieved from their intense pain, odor and unsightliness. Its most definite curative value has been demonstrated in tubercular osseous disease. When used early it not only relieves the pain but aborts the disease without necrosis. After necrosis is established it hastens sequestration and dries up the discharge.

My own experience in treating tubercular bone disease with the x-ray while limited to a few cases, has convinced me that it must be given a place of honor among remedial agents for the relief and cure of tubercular bone disease.

It may not come amiss to give a very brief synopsis of three cases reported to the Colorado Homeopathic Society, in 1909. Case 1, was a young man eighteen years old and a farmer by occupation, with necrosis of the semilunar and infiltration of the right radius. He received forty-nine exposures and was permanently cured without any return after a lapse of nine years. Case 2, was a school girl of thirteen years, with infiltration without necrosis of the distal end of the third metatarsus. She received a total of twenty-one exposures. No return is manifested after six years. Case 3, a child of three and a half years, with extensive scrofulous necrosis and three open ulcerations of the parietal bone, dating from birth, while the fontanelles were both wide open. After but eleven exposures the ulcers and necrosis were healed and the fontanelles firmly closed. One year after treatment there was no evidence of return, and as the child was then removed from the state I have had only meager reports of her continued good health in the past five years.

*Rest.*—Until recent years the slogan, "Go out west and rough it," went unchallenged as the only hope for health, wealth and happiness for the tuberculous. In many communities of the western states are any number of pioneers, who in every stage of the disease, crossed the plains in prairie schooners, sleeping in their wagons or on the open ground. Two occupations were open for their employment; prospecting for minerals in the mountains and cattle raising on the prairies, with Indian fighting as a diversion. The percentage of recoveries can never be known. Enforced outdoor life probably deserves much of the credit claimed by roughing it. The eastern farmer, who toils in the field from daylight until dark and chores by the glimmer of a lantern; or the laborer, who stands at the forge, behind the bench or in front of the furnace through the heat of the day and spends a restless and sleepless night in a hot and sweltering bed, finds roughing it a pleasurable, restful and health giving occu-

pation. To prescribe it for one who has spent his life in the office, behind the counter or in idle retirement, is not only a serious but unpardonable mistake. It is to be remembered that a person with an active tubercular process, is one whose strength and vitality is being sapped by a wasting disease, and that to add to the waste by increasing metabolism consequent upon violent or unaccustomed exercise only adds fuel to the fire.

A tubercular person, who carries a continuous temperature ranging near a hundred degrees Fahrenheit, or one who has an afternoon rise above a hundred with a pulse rate of a hundred and ten, should be given absolute rest in bed until both are near the normal. A high respiratory rate, thirty-five or more, contraindicates exercise, even in the absence of unfavorable pulse or temperature. Hemorrhage demands rest in bed, and if lying prone causes uncomfortable dyspnea; the patient may be propped in a semi sitting posture. Running, jumping, wrestling and heavy lifting, should be prohibited in active cases. A single indiscretion might change a favorable prognosis to a fatal termination. Unfavorable symptoms often rapidly disappear under rest treatment. Care must be taken in keeping the patient from too early return to exercise and work. On the other hand worry and fretting over continued and enforced rest will aggravate the symptoms.

After convalescence is established and bodily strength in a measure recuperated, a return to light and limited exercise should be cautiously approached until the individual tolerance can be estimated. In sanatorium treatment a daily routine of rest and exercise is advantageously carried on and is of inestimable value for a speedy and successful termination. In home treatment, especially in the absence of trained attendants, routine life is difficult to secure.

Walking or riding exercises in the open is easily carried on and within reach of every walk of life. A definite time or distance to be covered with gradual increase should constitute the daily task. It is to be borne in mind that the amount is to be regulated by its effect on the pulse, temperature, respiration and bodily weight and strength. As convalescence advances light occupational exercises

might be added and time passed in useful employment, thereby occupying the mind as well as the body.

Mental rest is as essential as bodily rest and those engaged in arduous mental occupation must be relieved from mental fatigue. Mind rest can not be enforced by prescribed rules of abstinence, but must be obtained by diverting attention to light physical exercise and pleasurable occupation.

When to return to industrial life is always problematical. It must be gauged by the patient's circumstances. The treatment ought to extend over a period of six months or a year. Unfortunately only a few are able to continue such length of time. Most individuals coming from industrial life are depending upon their earnings for support and must be speedily returned to salaried occupation or become public charges. The variety of employment to be recommended must depend on the patient's ability to do. Unless his former occupation is extremely unfavorable or violent, he should be returned to it. That which one is accustomed to doing is executed with greater ease of mind and body than that which is new and strange. Open-air employments are to be preferred, but suitable work is not always procurable. It is out of the question to make a farmer out of a life-long clerk, bookkeeper or cashier. They must receive the proper rest and fresh air through industrial regulation.

Occupational consumptives require and should have a complete change of surroundings. Such sufferers are apt to be hard to control and are liable to return to former haunts. It is hopeless for one afflicted with miner's consumption to return to the same mine after arrest of the disease, a steel polisher to polish more steel, a glass blower to blow more glass, a cigar maker return to the cigar shops. He must be given to understand that rest and fresh air are essential to continued improvement; that the price demanded by neglect of either is sacrifice of health and happiness, and that under these circumstances an early return of the disease is highly probable. "The healthy man sits down to rest because he is tired; the tuberculous man should sit down so as not to become tired."—(Brehmer.)

—*American Institute of Homeopathy.*

## A SO-CALLED SURGICAL CASE.

W. P. WESSEL HOLFT. M D., BOSTON, MASS.

C. C. Pale, otherwise well nourished girl, rather inclined to obesity ; dark complexion, age 9 years. A child of an intemperate and dissolute father.

When three years old, a hard swelling appeared under chin which increased so that it disfigured her, and in her seventh year was removed. Soon after removal, tumors appeared on the right side of the neck, and she now has a string of them, reaching from below the ear to the clavicle, varying in size from a pea to a hazel nut.

During the last year, a tumor appeared anterior to the left axilla and reaching about midway into the axilla, are freely movable, very hard and slightly sensitive.

Six months ago an ulcer appeared on left cornea which was treated locally, leaving a patch of opacity nearly covering the pupil, seriously impairing the vision of that eye. Partial ptosis of left eye-lid. A week ago a similar ulcer appeared on right eye, situated over the inner edge of the iris. This ulcer in now quite well developed. There is photophobia, lachrymation, otherwise not painful. The former ulcer on left eye was very painful, with intense headache and supra-orbital neuralgia.

She has a chronic, yellowish green, bloody discharge from nostrils, which is also post-nasal. Cold, damp, clammy feet ; stockings always wet. Extremely sensitive to cold air, complains all winter of feeling chilly.

When a year old she had a moist, scabby eruption on chin and forehead which was locally treated.

She is a gentle child, but has seasons of great irritability and impatience, Calcarea-Carb. cm. one dose dry.

Report two weeks later ulcer on right cornea is healed ;

no photophobia or lachrymation remains. Tumor in left axilla has increased decidedly, with a slight blush of skin and increased sensitiveness; all indications of an abscess forming. S. L.

Report two weeks later, redness over tumor in axilla has nearly disappeared. Much less sensitiveness, no indications of fluctuation, which I expected to find by this time.

Left eye on which the first ulcer occurred is weak, slight photophobia and increased ptosis. No change in the glands of the neck. Sulphur c.m. one dose.

Reports two weeks later. General improvement. Mother has noticed much less sensitiveness to cold, and the stockings are not as wet. The most marked change, however, is in the nasal discharge, which has so far improved, that instead of using three handkerchiefs daily, she now uses one. The tumor in the axilla has slightly decreased. No change in the glands of the neck. S. L.

Report one month later. No further improvement. Has six or seven loose stools daily, occurring chiefly in the forenoon, preceded by slight pain in abdomen, which sometimes lasts even after stool. Sulphur c.m. one dose.

Report two months later. Stools much less frequent, no pain. Mother makes special note of improvement in her irritability. Tumors in neck and axilla remain about the same as two months ago. Sulphur d.m. one dose.

Report one month later. Stools are now regular. Appetite improved. Axillary tumor smaller. S. L.

Report six weeks later. Steady improvement. Child looks much better. Some color in cheeks; all the tumors decreasing, especially the one in the axilla. The old scar over left pupil less dense.

Report one month later. Diarrhoea is troubling her again, driving her out of bed in the morning, followed by from four

to six stools during the forenoon. Tumors remain nearly stationary. Sulphur d.m.m.

Report one month later. Swelling in axilla nearly disappeared. Tumors on neck have decreased so that the outline of neck is nearly natural. The tumors, however, can be detected by taxis. Old macula on cornea can hardly be seen except by lens. During the last two months a large seed wart has come on the middle knuckle of each hand. Thuja c.m. one dose.

Report two months later. Large wart on right hand has disappeared, the one of the left hand is about half its former size. A very small wart on finger has appeared during the last month.

The swelling in the axilla is now about the size of a filbert. Has no complaints to make except a slight headache on awakening in the morning.

Report two months later. All warts have disappeared. The child is looking rosy. Swellings in neck and axilla can hardly be detected. Slight opacity of the left cornea still exists, but is not noticeable. No more foot sweat, no catarrh. This child is still under observation, but I shall probably not see her again many months. She is taking S. L. daily. All this was accomplished with three remedies in highly attenuated dose during eighteen months. Calcarea was given once; Sulphur in increased attenuations was given four times at intervals of over two months: Thuja was given in a single dose six months ago, and I think she will need no other medicine.

This child was brought to me on account of the ulcer on the eye, and to get my opinion as to the advisability of having the tumors removed.

Taking this case into consideration with reference to the Hahnemannian Psoric Theory, I think it of great value.

Here we have a child apparently in so called good condition, well nourished, inclined to be fat. In his baby-hood an eruption was suppressed on the chin and forehead.

In her third year a swelling appeared under her chin. This appeared which were hard and not inclined to suppurate. When these began to decrease (after the Homeopathic remedy) another constitutional poisoning made itself manifest in the appearance of warts on the hands. Taking into consideration the parentage, a dissolute father who however, is still strong and robust, it is presumable that she inherited a sycotic disease from him.

The mother has many marks of Psora. She is hard of bearing with occasional offensive otorrhœa; irregularity in menstruation; continual backache, and periodical headaches. Two such persons producing a third, it is manifest that something must be inherited.

Working upon this basis, I have had the great satisfaction of restoring this child to health. The more I observe, the stronger becomes my conviction, that Hahnemann was right in his assumption of three constitutional poisonings, which lie at the bottom of all chronic diseases, with the exception of those which are of medicinal origin, or caused by privations, or profound mental emotions.

If this eruption on forehead and chin, which occurred in bodyhood, had been treated according to the methods of Hahnemann, it is very probable that the child would have had neither ulcers on the eyes nor tumours. Fortunately for the child, the tumors multiplied after the removal of the one under the chin, and consequently these deep poisons did not attack the internal organs or tissues.

Supposing continued excisions had been performed, is it not reasonable to suppose that the child would have been a chronic invalid for life, or would have died before reaching puberty?

Then the pathologists would have said, she died of this or that disease, whereas, disease or death would have been due to the suppression of the eruption, and the continued excisions of the tumors, which kind nature had established for her relief.

• Transaction of I. H. A. 1891.

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### MATERIA MEDICA.

**Amonium carbonicum** is very useful in many cases and conditions of the body but it is a neglected remedy. It has a profound action on the blood. In anemia and especially anemia caused by prolonged suffering from diarrhœa and in old persons it is productive of very good effect. Vital powers are weakened and hemorrhage of dark blood.

In heart and respiratory organs generally it has a very good effect. In one case of chronic pneumonia where exudations are copious but not absorbed or thrown out I found it of much benefit. In fact by the administration of the medicine in 30th potency I had been able to cure the patient in a short time. The patient was weak, could not take his nourishment well, cough troublesome and expectoration copious, could not be thrown out easily, aggravation mostly in the day time.

In emphysema and chronic bronchitis it is a valuable medicine. There is copious accumulation of mucus in the lungs, dilatation of bronchial tubes and œdema of lungs. Patients in these cases are weak, cough continually but cannot raise at all or with great difficulty. In minute cough of many people we have marked its good effect.

The sputum is slimy and often contains blood. It is also useful in nasal catarrh. Nose is stopped up at night, worse from 3 to 4 A. M. There is oppression of breathing

and threatened suffocation. There is sometimes thin watery discharge from the nose which is acrid, burning and making the nose and lips sore.

Loss of voice or aphonia :—it is one of our best remedies. It is burning rawness in the throat along with the loss of voice. Here it is similar to Causticum and Carbo veg.

In sprain it follows Arnica well. Injured parts are hot and painful.

Phosphoric acid is a very efficacious remedy in cases of debility. We have to resort to it in all kinds of debility, very similar to China and Ferrum. "It is characterized by indifference and apathy, by torpidity of both mind and body and by complete sensorial depression."

In typhoid fever it is useful when the patient is in stupor; answers questions when asked but abruptly, falls into stupor again, very similar to Baptisia. There is unconsciousness but conscious when roused. It is therefore not deep sleep of other remedies as Opium &c. In this fever Phosp. acid is given in extreme debility and when colliquative diarrhoea is present. Abdomen is distended and bloated and rumbling sound is heard. Diarrhoea of undigested food of offensive odor and white or grey color. Tongue is dark red and dry. These cases of typhoid fever are often found in ordinary practice and if timely notice is taken, they can not go on getting worse. Urinary secretion is copious and often there is no color in the urine. It is white like whey, sometimes mixed with white flakes or flowerlike sediment.

Tellurium is an important remedy in diseases of the skin and also in the mucous membrane of the ear.

I have used it in some very bad cases of chronic inflammation of the middle ear and chronic otorrhea with great success. Farrington says Tellurium causes catarrh of the middle ear, which may penetrate into the cells of the mastoid

process and establish an abscess there, or may even involve the internal ear or the brain. Pus forms in the middle ear, and finally, perforating the membrane tympani, escapes externally. The resultant discharge is thin and acrid, causing blisters wherever it touches, and smells like fish-brine.

In a young boy of twelve, there was otorrhea from childhood; thin and sallow complexion. The boy's father had otorrhea and deafness. The boy had been suffering ever since his birth. Now symptoms of deafness appeared and I was consulted. On examination it was found that the membrane of the left ear, was broken through right was affected only partially.

The discharge was generally thin and excoriating, small pimples formed behind the ears where the pus touched. Many homeopathic medicines were tried without any effect. I gave him Tellurium 30 which had partial effect, ultimately one dose of the c.m. potency was given and he was cured.

Another case in a young girl, fat and plethoric; she had otorrhea for two years. Pus came out from both the ears. Hardness of hearing. Pus thin and acrid and had smelling. Bowels irregular, appetite poor. Subject to cold and cough. Pulsat. and Hepar sulph. failed and I cured with a few doses of Tellurium 30. These are inveterate cases where all sorts of treatments have been resorted to without marked improvement, but ultimately cured by well selected appropriate homeopathic medicines. Diet in these cases should be nourishing and out door exercise is good.

Tellurium has a strong action on the skin. It is useful for ringworm over a great portion of the body in intersecting rings. In this respect Tellurium is closely allied to Natrum mur and Sepia. Another variety of ringworm which is called herpes circinatus, where Tellurium has a curative action.

**Badiaga** is a medicine of not very extensive use. I often used it in cases of maltreated buboes both syphilitic and non-venerial with marked success. Pus thin and bad smelling, surrounding tissues are hard and painful on pressure often sinuses are formed. When allopathic doctors operate on nonmature bubo, sinuses is often formed. Thin watery pus is coming out of it and notwithstanding all kinds of dressing and external applications it fuses to heal. In such cases **Badiaga** is a good remedy.

**Badiaga** has some action on the heart. It is of service in palpitation of that organ caused by any unpleasant excitement, thus it is similar to *coffea* and *phosphorus*. It is not indicated in organic diseases of the heart.

Enlargement and induration of the lymphatic glands are often benefited by **Badiaga**. P. C. Majumdar M. D.

### CRATÆGUS OXYACANTHA.

Here is a remedy that is not very well known and consequently not often used, but I am sure, a better understanding of this drug will lead to a more universal use and greater advancement of the cause of Homeopathy. *Cratægus* is nothing but our English hawthorn a genus of plants of the natural order *Rosaceæ*. It is also termed white thorn, quick thorn, quickset, Maytree and May bush. It is a small shrub having numerous branches beset with thorns and it is used mainly for hedging purposes. It is a native of Europe, Western Asia, North Africa, North America and Australia. There is a tradition that hawthorn was the source of Christ's crown of thorns.

The preparation of the tincture is very simple. The fresh berries are pounded to a pulp and macerated in two times their weight of alcohol.

The history of this remedy is very interesting. It owes its origin to Dr. Green of Ennis, Ireland, who made quite a name for curing disease of the heart and to whom people used to flock from all parts of the United Kingdom for his really wonderful cures. After his death it transpired that it was the common hawthorn tincture, in 5 drop doses that procured for him the reputation of a medical necromancer. We owe much of our knowledge of this remedy to Dr. Jennings who proved it and rendered a scientific statement of its symptomatology. In these desperate cases of heart affections such as valvular deficiencies or hypertrophy where dyspnoea and dropsy have supervened and the pulse is gradually growing weak and rapid, where physicians have lost heart, and the patient himself is gradually getting resigned to the inevitable end fast approaching, we can think of no better remedy than *Cratægus*. I have used this remedy scores of times with very great satisfaction. Sometime ago a man was brought into my office suffering from valvular disease. His lower eyelids were oedematous, his breathing short and difficult and his lower extremities showed signs of dropsy. Least movement aggravated his fits of dyspnoea; so he had to sit and rest every few steps to reach me. His skin was pale and waxy and his pulse 120 a minute. *Arsen*, *Digitalis* and a few other apparently indicated remedy failed till the idea of *Cratægus* dawned over me. I gave him the tincture in drop dose twice daily. He came back in seven days and reported. The swelling of the eye-lids, the dropsy, the dyspnoea were gone. I advised him to continue the medicine for a month more, which as I learnt later on, made him perfectly well.

Here is another case reported by Halbert in *Clinique*, of March, 1899, which I am sure will be very interesting and instructive.

"Mr. S, a young man sixteen years of age, had worked hard at manual labor since his twelfth year to support a widowed mother. He had, in fact, done a man's work before his physical maturity would permit it. For sometime he had shown some signs of cardiac hypertrophy, and had been cautioned by physicians to take good care as to his heart. About a year ago during some gymnastic exercise in the nature of sport, he was suddenly admonished that something had given way, and for relief was obliged to take to his bed. When I first saw him he was obliged to lie down, respiration was laboured and irregular and the heart's action was greatly exaggerated and erratic. There was decided precordial bulging; the apex beat was considerably displaced, downward and to the left, and the whole cardiac dulness was greatly extended; the impulse was heaving in character, with considerable mitral systolic blowing and the corresponding diastolic intensification; there were also signs of considerable pulmonary engorgement and some pain in the chest region. The patient was put into a warm bath for twenty minutes, and then carefully returned to bed. Aconite 3x was administered every half hour, and continued hourly for a day or two afterwards until he was somewhat relieved. Cratægus five drop doses of the tincture, was then administered five times daily for a long time.

The effects of this remedy were most remarkable; the cardiac irritation gradually lessened, the area of dulness decreased and the rhythm improved; at the same time all the general symptoms improved rapidly. He has now been using the remedy several months and the result is most satisfactory. I have every reason to expect a cure of the extreme symptoms, and believe the heart will be reduced to a safe hypertrophy, which will virtually be a cure."

Dr. Hale advocates Cratægus in Angina pectoris and he

cites a case in the "New, old and forgotten remedies" in which Dr. T. C. Duncan cured and relieved the terrible agonies of a woman who suffered from this foul disease. These patients, where *Cratægus* is the remedy, have almost always accompanying the angina, hypertrophy of the heart due to over-exertion, alcoholic, venereal and other excesses and very often a tender spot on the left side of the spine.

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### CARDUUS MARIANUS.

Epistaxis, hæmatemesis metrorrhagia, hæmoptysis, cardialgia, malaena, gall-stones, jaundice, portal hyperæmia, hemorrhoids, enlargement of liver, pain in liver, hypertrophy of the left hepatic lobe, influenza with hepatic symptoms, constipation, leucorrhœa, agalactia, cough, dropsy, cirrhosis of liver, climaxis, morning sickness, pleurisy, phthisis, etc.

*Carduus Marianus* is the holy thistle sometimes called St. Mary's-thistle. It is a native of Southern Europe and it grows plentifully in waste places. It was originally proved by Dr. Reil of Germany and revived by Rademacher and we find quite a few symptoms have been added by Drs. Leidback, Windelband and Kunze.

The tincture is prepared from the ripe whole seeds in the following manner. The seeds are covered by with twice their weight of dilute alcohol and left in an well stoppered bottle for a few days, the contents being regularly shaken daily. This is then filtered and strained and we have the mother tincture.

*Carduus mar* is pre-eminently a liver remedy and the whole range of its symptomatology proves its action over that important organ from a mere sense of fullness in the hypochondria and sensitiveness to pressure we may

get a regular stitching pain in the hepatic region. The tenderness and hardness is more especially felt in the left hepatic lobe where pressure causes oppression and cough. The other symptoms to follow are depression of mind, vertigo, dull, heavy pain in forehead, eyes and temples, bitter taste, nausea, sour green vomiting and so on. These symptoms remind us of *Nux. vom.* and they show the greatest affinity that exists between these two sister remedies. Sometimes the semblance is so very great that it needs the exercise of the greatest discretion to prevent confusion and mistake. *Nux. vom.* as we all know is a great remedy for affections arising out of alcoholic excesses and so is *Carduus Mar.* It remedies to a great extent the evil effects of alcoholic drinks especially beer. I have used this remedy with great satisfaction in cirrhosis of the liver from the same cause. Proell relates two cases of cirrhosis of liver from over-indulgence in intoxicating liquors, in which *Carduus* helped. One is a cook and the other is a brewery man and they were so bad that they both developed dropsy. The symptoms to guide us in such affections are flatulence, diarrhoea with clay colored stools, fatigue and yawning after eating, chilliness, cramps, bond sensations, radiating stitching pains etc.

I have used *Carduus* in jaundice in a lady aged about 55 who developed symptoms of icterus after an attack of gall-stone colic. *Carduus mar Q* relieved the jaundice but not the irritations of the skin. Her symptoms were a dull headache, nausea, sour vomiting, heaviness of the region of the liver and a bitter taste in her mouth.

This remedy has been used with some success in gall-stone and there are two cases on record by Dr. Liedbeck who with half an ounce of the tincture in a pint of water, a table-spoonful every two hours cured two such cases in an admirably short time. I am also of opinion that it not only checks

the colic but it continued for a sufficiently long period stops the formations of new ones. Dr. Nash reports of a case of gall-stone colic that he helped with the same remedy. He has not given us much of a symptom and his indications for this remedy are mainly regative. He says—"when other remedies fail for pain in the region of the liver, with dizziness, bad-tasting mouth, jaundiced skin and the usual symptoms called 'bilious', if I have no especial indications for other remedies, I have given *Carduus*, and several times with very good results."

This remedy has also been used for ailments of the climacteric period such for instance as megirin, metrorrhagia, leucorrhœa, asthma etc. with conseasial disorder of the liver. In this way it is similar to remedies like *Lachesis* and *Sulphur* but in none of these two latter remedies do we find liver so afflicted as in *Carduus mar.*

N. M. Choudhury, M. D

## Clinical Cases.

BY P. C. MAJUMDAR, M. D.

Case I. Urinary Fistula—*Hepar sulphur* 200. A thin and fairish looking youngman had an attack of gonorrhœa about 4 years ago and was treated by allopathic and patent medicines. He had been apparently cured.

This was followed by thinness of urinary passages and some burning in making water. Catheter was passed and some kind of injection made. This rather aggravated his difficulty. He was worse than before. He continued allopathic treatment and abscess formed in the ischio-rectal region, for which I was called on the 9th March this year.

Abscess was hard and very painful. Frequent and scanty urination; attended with extreme pain and burning. Much straining in making water, each time he had to sit up and strain. Pulse small and frequent, no fever properly speaking.

Cantharis 6x in water, one mark every six hours for that day.

He was greatly relieved after taking three doses of the mixture.

Placebo one mark every six hours. Abscess forming, red, swollen and very painful especially to touch. Fever high, much headache, frequent micturition but not much burning and pain.

Belladonna 200 every four hours.

After two doses the fever subsided and pain in the abscess was much less. But the abscess was growing bigger and pus was about to be formed.

Hepar sulph. 200 one dose followed by placebo. On the 20th instant the abscess burst and a good quantity of pus and blood let out.

Much relief in every respect but on closer examination I found with the pus a good quantity of urine escaped forming a urinary fistula there. Treated the case as fistula urinaria I had been able to obtain a permanent cure for the patient. Only an occasional dose of Hepar sulph. 200 was given from time to time.

Case II. Phthisis pulmon—Stanpum. A young Mohomedan woman, mother of two children, came under my treatment for phthisis pulmonalis in the beginning of February 1912. She had a very robust constitution before the birth of the last child in 1909. But since then she lost her usual health.

Family history good in every respect, except that her maternal uncle died of phthisis and her mother had asthmatic cough and spitting of blood now and again. She however died of indigestion and diarrhœa. Father still living and very healthy.

After the child birth her digestion became defective, not much appetite, whatever she took at night turned acid and diarrhœa with one or two stools in the morning with flatulence every day, she did not take any medicine and she was getting weak and emaciated.

Last year she used to get slight fever at noon and loose cough. She was treated by an allopathic doctor without much benefit. At this time she got sputa tinged with blood and slight pain in the left side of her chest.

She was examined by an eminent allopathic physician and he

declared it to be a case of confirmed phthisis and treated accordingly. But she was not better.

I was called and on examination found crepitant rales over the left side mingled with coarse mucous rals. Fever as usual in the morning between 9 and 10 A. M. Diarrhoea and flatulence the same as before. No taste for food and appetite was poor. Cough aggravated towards morning at the time of fever. Quantity of sputa was great and big lumps were thrown without much effect.

Nux vom, Natrum sulph, Antim Tart were tried with very little improvement. Nux did her some good at first in reducing the fever and paroxysms of cough but did not go further. At last I gave her Stannum 30 morning and evening for four days. Improvement set in at once Taste and appetite better, cough much less and no blood in it.

In short, she was cured in a month. A few doses of the 200th potency were given from time to time. She is in perfect health now (January 1914).

#### Case III. Typhoid Fever, Colchicum.

A young robust boy of twelve summers had an attack of fever on the 5th August 1914 and was under the treatment of two able allopathic physicians of the place. They treated the case carefully for three weeks without any benefit, on the contrary the child was getting worse and worse every day. I was summoned by wire on the 22nd day of the fever. The patient was in a bad condition. Following conditions were observed.

Extremely weak. Pulse small and feeble but very frequent. Temperature ranging between 102 to 104. F. Alternate restlessness and drowsiness. Intellect was somewhat clouded, though he answered questions after a slight delay. When I asked him how he was he replied all right. Pupils were widely dilated but sensitive to light. Sometimes crying without any cause. Very much vexed at trifles; irritable, did not like to take his food. Head fell back in rising and opened the mouth wide-gaping. Tongue was clean and protruded with difficulty. Incoherent talks now and again. Very slight appetite, nausea sometimes vomiting of food. Complete loss of speech

abdomen tympanitic, stools watery. frequent but scanty. Pain in abdomen. Aggravation of all the symptoms from 12 noon to 8 P.M. Cough troublesome and almost dry.

I gave him Bryonia 200 one dose every four hours. Very little change. On the contrary became furious and cried out very loudly, temperature not so high. It was 101 F. in the morning and 103 in the evening. No medicine and the condition the same.

Colchicum 200 one dose next morning and it had a decided effect on the fever, bowels and mental condition, Placebo the whole of next day. The improvement was stopped and I repeated another dose. In this way a complete cure was effected in a fort night.

CALCUTTA HOMEOPATHIC HOSPITAL.

May 1914.

A. Outdoor Department.

The following is the return of cases treated in the month of May 1914 in the Calcutta Homeopathic Hospital :—

Fever	404
Bowel complaints	97
Chest affections	114
Skin Diseases	181
Mouth, Ear, Throat etc.	154
Sexual Organs	136
Injury	15
General	142

Total ... 1243

Of these,

876	...	Males
367	...	Females ; and
356	...	New
887	...	Old cases

, May 1914.

## B. Indoor Department.

New admissions	11
Old cases lying in the Hospital	5
Discharged	9
Dead	1,

The diseases for which the patients were treated and their results :—

1. Fever and Enlarged spleen	Discharged	Cured.
2. Syphilitic Rheumatism	do	do
3. Diarrhœa	do	do
4. Dysentery	do	do
5. Typhoid fever	do	do
6. Chronic Dyspepsia -	do	do
7. Intermittent fever	do	Relieved
8. Remittent fever	do	do
9. Emphysema	do	do
10. Bronchitis	Dead	
11. Chronic Ulcer (Leg)	} Still Lying in the Hospital.	
12. Lacerated wound (Foot)		
13. Chronic Rheumatism		
14. Bronchitis		
15. Rhematic Gout		
16. Coxalgia		

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Assistant Secretary.

B K. Bhur L. M. S.  
Resident Physician.

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বাস্তব চিকিৎসা-গ্রন্থাবলী ।

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রক্তমাশয় চিকিৎসা : ডাঃ বেল সাহেবের কৃত ইংরাজী বহির বঙ্গানুবাদ )	১৭
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স্ত্রী-চিকিৎসা	১১০
অস্ত্র-চিকিৎসা ( দ্বিতীয় সংস্করণ )	১৭
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ডাক্তার শ্রীজিতেন্দ্রনাথ মজুমদার, এম, ডি প্রণীত

হোমিওপ্যাথিক

# চিকিৎসা-সার ।

মূল্য ২৮ টাকা, ডাকমাশুল স্বতন্ত্র ।

গৃহস্থ এবং চিকিৎসক মাহেরই এই পুস্তক রাখা, উচিত । ইহাতে  
নূতন ঔষধ সকল সন্নিবেশিত হইয়াছে ।

কলেরা বা

## ওলাউঠা চিকিৎসা

এই পুস্তকে ওলাউঠার ইতিহাস, রোগতত্ত্ব, চিকিৎসা, পথ্যাদির  
নিয়ম প্রভৃতি সকল বিষয়ই বিস্তৃত ভাবে ও সরল ভাষায় লিখিত  
হইয়াছে এবং ডাক্তার বিহারিলাল ভাট্টা, প্রতাপচন্দ্র মজুমদার  
ও জিতেন্দ্রনাথ মজুমদার মহাশয়দিগের অভিজ্ঞতাও সন্নিবেশিত  
হইয়াছে ।

মূল্য ২১০ টাকা, ডাকমাশুল স্বতন্ত্র ।

পুস্তক দুই খানি কলিকাতা, ২০৩১ নং কর্ণওয়ালিস স্ট্রীটে প্রাপ্য ।

# কমল টয়লেট কোম্পানি ।

## ১। কমলো-স্নো—( Snow )

মুখে মাখিলে ব্রণ, মেচোতা, গালকাটা সারে, চর্মে পরিষ্কার ও মন্থন হয় এবং বর্ণ উজ্জ্বল হয়। দ্রুত ও অতি সুন্দর। মূল্য প্রতি শিশি ১/০ আনা।

## ২। কমল ডেন্ট্রিস—( Dentifrice )

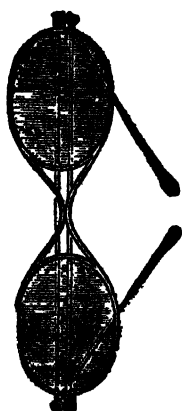
এমন সুন্দর বেশীর প্রণালীতে প্রস্তুত দন্তমার্জন আর নাই। ইহাতে কার্বলিক প্রভৃতি অসিষ্টকর পদার্থ নাই। দন্ত পরিষ্কার ও গোড়া শক্ত হয়, দন্তশূল, মাটি, ফুলা প্রভৃতি সারক এবং মুখে দীর্ঘকালস্থায়ী সুগন্ধ হয়। মূল্য প্রতি শিশি ১/০ আনা।

## ৩। রমালীন ( ক্যান্থারিডিন )—( Cantharidine )

টাক পড়া, চুল উঠিয়া বাওয়া, মাথাব্যথা প্রভৃতিঃ চমৎকার ঔষধ। ইহা যেমন সুগন্ধ, তেমনি উপকারী। মস্তিষ্ক শীতল হয়; মাথাব্যথা, স্নায়বিক দুর্বলতা আরাম হয়।

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সকল প্রকার জরের কারণ, চিকিৎসা, পথ্য ও নিদানাদি সরল বাঙ্গালা ভাষায় লিখিত । ইহা চিকিৎসকেরও কার্যে লাগিবে এবং গৃহস্থ মাজেরই রাখা কর্তব্য ; কারণ জীলোকেও ইহা দ্বারা চিকিৎসা করিতে পারিবেন ।

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বেঙ্গল মেডিকেল লাইব্রেরী, কলিকাতা—২০১ নং কর্ণওয়ালিস্ স্ট্রীট ।

# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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VOL XXIII.]

JULY 1914.

[ No. 7.

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## SUTIKA.

Now a days great attention is being paid to the study of tropical diseases. Large institutions have been opened in different parts of India and medical men particularly those that are in government service are going there in large numbers to get special training in these diseases. I think by tropical diseases, it is meant to include those maladies that appear epidemically in the tropics and carry away large numbers of human lives. The etiology, pathology, diagnosis and treatment of these diseases require special attention, but I am inclined to think particular attention is paid to the study of bacteriology, more than anything else.

But in places like Bengal, there are various other diseased manifestation that requires our particular attention although they may not appear to be of much importance from the bacteriological point of view, and we find no mention of these diseases in our standard English or American works. I must say that these diseases are peculiar to Bengal and are due to our particular mode of living and habits and the climate.

There is a disease called Sutika in Bengal. This is a peculiar kind of diarrhoea from which women generally suffer after child-birth. This is always a puerperal complaint. Many deaths are accountable to this malady. This diarrhoea lingers a long time and makes the patient already depleted from the effects of the child-birth perfectly anaemic and death results. Digestion becomes thoroughly perverted, she is unable to eat, digest and assimilate any kind of food and loses strength in a very short time. After child-birth it is all important that the woman should improve her health quickly otherwise many serious diseases might develop. The mother has to nurse the baby and it is absolutely necessary that she should be strong and healthy, otherwise both mother and child are likely to suffer. We have seen mothers developing tuberculosis of the lungs under such circumstances and we have often had to wean the baby before time for this has often a most excellent result. If the baby is put on some nice artificial food, it thrives all right and the mother also recovers quickly. In two or three instances only lately I was able to check the lingering fever which nothing seemed to affect before the baby was weaned.

Now to revert to our original topic we have seen cases of Sutika as they are commonly termed by our Kabirajes or Indian physicians, gradually merge into abdominal tuberculosis. The fact is very often these cases are not taken notice of until they are too far gone. It must be said much to our shame that our women are not treated as they should be. They are very much neglected. If proper care is taken after child birth much can be done to avert such calamitous diseases. If the lochia is free and the uterus contracts properly and in time, if the diet of the mother is looked after carefully much can be done to prevent such diseases.

Early marriage and frequent child bearing are also important etiological factors.

J. N. Majumdar M. D.

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## PRACTICAL VALUE OF SCIENTIFIC DISCOVERIES.

Referring to Dr. J. C. Bose's lecture on the response of plants and inanimate life to electric stress some people had been enquiring as to the practical value of his discovery. Long before the discovery of Dr. J. C. Bose, Hahnemann the Great Founder of the Homeopathic system of medicine clearly spoke of this theory in his great work *Organon of the Art of Healing*.

In 20th section of the work he says that "Neither the *spirit like power concealed in drugs* and shown by their ability of altering the health of man, nor their power of curing diseases can be comprehended, by a mere effort of reason ; it is only through manifestations of their effect upon the state of health that the power of drugs is experienced and distinctly observed."\* And again he says that "our vital force as a spirit like dynamic, can not be affected by injurious influences of the healthy organism caused by the external inimical forces that disturb the harmonious play of life, otherwise than in a spirit like ( dynamic ) way, and that in like manner, all such morbid derangements ( diseases ) can not be removed from it by the physician in any other way than by the *spiritlike* ( dynamic virtual ) alternative powers of the serviceable medicines acting upon our spiritlike vital force which perceives them through the medicine of the sentient faculty of the nerves everywhere present in the

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\* Vide 16th section of the *Organon*.

organism, so that it is only by *their dynamic action on the vital force that medicines are able to re-establish health of the patient cognizable by our senses ( the totality of the symptoms ) have revealed the disease to the carefully observing and investigating physician as fully as was requisite in order to enable him to cure it.*" We hope this will convince some people who had been enquiring as to the practical value of our respected Dr. Bose's discovery.

The other day we read an article on Radium Bromatum on cancer published in our Biweekly Bengalee No. 55 dated July 1914. We request our inquisitive readers to read the article with attention and they will see the practical value of Radium Bromatum, the wonder child of the twentieth century science which is in a peculiar way the property of Homeopathy. We also request our readers to read Dr. John H. Clarks most valuable little work on Radium as an internal remedy especially exemplified in cases of skin diseases and cancer.

Here we hope it will not be out of place to give a [little hint on the practical value of X-Ray, for which we are greatly indebted to Dr. John. B. Cambell, one of the original provers, for the discovery of the great value of this dynamic agent in rousing the reactive vitality of the system, both mentally and physically and thus bringing to the surface suppressed symptoms of persons labouring under combination dyscrasia, the miasms of Hahnemann. This is especially true of those deepseated constitutional ailments that are sycotic in character, which so often terminate in malignant diseases, especially cancer.

When the sycotic or syphilitic sinus is grafted in a psoric or tubercular diathesis ; when from the paucity of presenting symptoms it is almost impossible to be certain of the predominant diathesis, in consequence of which the best selected

remedies fail to relieve or rouse the overpowered vitality to a sufficient degree to throw off or bring to the surface the predominant toxine, X-Ray bids fair to be our curative remedy. ( vide Dr. Allens Materia Medica on Nosodes ).

True followers of Hahnemann are greatly thankful to Dr. Bose, for it is he who reveals our great masters theory which is realized in practice by them.

26-11-14.

Nilambur Hui.

Serajgunge.

(Pabna).

## REASONS FOR BEING A HOMŒOPATH.

BY THE LATE J. COMPTON BURNETT, M. D.

### REASON THE TWELFTH.

As you have not acknowledged my last communication, I will inflict a third case of hiccough upon you, and that will be my twelfth reason for being a homeopath.

On March 29th, 1887, a young lady of ten was brought to me, her mother complaining that she suffered from bloodlessness, languor, biliousness, sore throat, nausea, faintness, frontal headaches, matutinal lassitude, poor memory, sour breath, risings in the throat, *hiccough*, white and scant motions, pain in the left side on going up hill. I found an endocardial bruit, best heard at the base, and very notable enlargement of the spleen. Patient could not stand cold, had been only once vaccinated, had had varicella and measles.

You know I consider vaccination a disease, and I have ventured to call it vaccinosis, and have written a small book on the subject ; however, I am not concerned with that theme here, but with the greater subject of Homeopathy, which leads to the same prescription as my theory of vaccinosis.

*Thuja occidentalis* 30 in infrequent doses cured the hiccough

reduced the spleen by about one-half, and, oddly enough, the endocardial bruit also disappeared. The cure of the hiccough by *Thuja* is, however, the point I desire to call your attention to more particularly. Now, note that I have offered you three cases of hiccough, one cured by *Cyclamen Europæum*, the second by *Natrum muriaticum*, and the last one by *Thuja occidentalis*; this diversity of remedial measures for a symptom such as hiccough, exemplifies alike, the spirit of Homeopathy and the immensity of its mastery over disease. Nevertheless, to an outsider, who does not understand Homeopathy, this diversity of remedial measures constitutes a great stumbling block and has prevented many able conscientious investigators from understanding it, and yet this is the strength of the system, rendering however, its practice disgustingly difficult. All nature is our pharmacopœia—that is, for any homeopath who has grasped the subject, and who has learned to walk without crutches, and who is WILLING TO WORK! And, although I have thus narrated three cases of hiccough cured by as many different homeopathic remedies, still, if you were to ask me what remedy I would recommend you to try for hiccough, I should only be able to say, "that remedy (not necessarily either of my three) which can be proved to be pathologically like the to-be-cured case of hiccough." I fear I am firing over your head!

#### REASON THE THIRTEENTH.

QUITE so; I did not maintain that hiccough was a mortal malady, what I do maintain is that it is often very troublesome, and that Homeopathy can cure it pleasantly and safely. More than a safe and pleasant cure I ask of no system of medicine. But let me pass on to my thirteenth reason, viz.:

#### *Cure of Aphonia by Arnica.*

A well known soprano singer came to me with aphonia:

the throat was what is commonly called follicular and congested. You may have heard that the homeopaths think a good deal of *Arnica* for the ill effects of bruises, hurts, sprains, and the like; in fact, for trauma in general. Well, after using numerous remedies in vain, it slowly became manifest to me that the *aphonia* in question was from an overstrained state of the vocal chords. Moreover, patient had a small pustule on the nape, and mattery pimples on the skin.

*Arnica* cured the case affording in its physiological action symptoms similar to it.

You will, perhaps, say that this *aphonia* case is also not a mortal malady? Will you once for all disabuse your mind of the very vulgar professional and popular error, according to which the homeopaths are said to claim to cure the incurable? Just note, at least for *your own information*, that the homeopaths make no such claim; what they say is this: Homeopathy cures what can be cured *much better* than any other system of medicine hitherto made known to the world. The homeopaths do *not* maintain that other systems are valueless, or that the homeopathic system is faultless, only that thus far in the art-treatment of disease by remedies, Homeopathy, by very long odds, beats all the records. Do you see?

Be that as it may, I trust that curing an old case of singer's aphonia with *Arnica* is a fairly sound reason for being a homeopath; any way, it is my *thirteenth*.

P. S.—When I say that Homeopathy does not claim to cure the incurable, that leaves the question of curability an open one. Homeopathy does *not* accept anything as incurable because certain physicians who are "regular" declare it to be so. Incapacity to cure does not render the uncured incurable. Kindly take a mental note of this, because what you "regulars" consider incurable may, or may not, be so considered by the homeopaths. My old pleuritic trouble was

declared and proved to be incurable by and for the entire faculty, and yet *Bryonia alba* of the homeopaths cured it !

#### REASON THE FOURTEENTH.

You "do not believe that *Arnica* is any good for injuries, and, moreover, it is a poisonous drug, causing very dangerous, or, at least, very severe erysipelas." I have nothing to do with your beliefs ; clinical *facts* are what I am concerned with. I cured an old case of *aphonia* with *Arnica*, and an account of that I have sent to you as my thirteenth reason for being a homeopath, whether you believe in the anti-traumatic virtues of *Arnica*, or not, is your affair : I fearlessly affirm that your scepticism would not have cured it anyhow.

Further, I did not deny that *Arnica* causes very severe and even dangerous erysipelas. Indeed, I know it well, and have seen it, and out of your own mouth will I take my fourteenth reason for being a homeopath.

#### *Old Case of Erysipelas Cured by Arnica.*

Some years since an eminent member of the Society of Friends wrote to me stating that he had for a number of years been suffering from erysipelas of the face at odd intervals. I ordered him *Arnica* in a rather high dilution, and in infrequent dose, and thereupon his erysipelas faded *and came no more*. Long afterwards he wrote me a very grateful letter, giving me much undue praise for having wit enough to see that the Almighty has His laws in therapeutics for the guidance of His poor, sick children.

I have it from you that *Arnica* causes erysipelas ; I will not doubt *your* statement ; you may now take it from me that *Arnica* cures erysipelas, and this I offer you as my fourteenth reason for being a homeopath. You know the bad character of *Arnica*, in that it is apt to *cause* erysipelas ; I tell you of its good fame, viz., that it possesses the power of curing erysipelas, and the intellectual link that completes the little chain

is the law of like that God put into the mind of one Samuel to explain to the world.

—*Homeopathic Envoy.*

## PRESIDENT'S ADDRESS\*

BY JAMES TYLER KNET, A. M., M.D., CHICAGO, ILL.

### VITAL ACTION AND REACTION.

*A medicine is not too high to cure so long as it is capable of aggravating the symptoms belonging to the sickness, in the first hours in acute, and in the first days in a chronic, sickness.*

—*Hahnemann's Organon.*

### Two Different Presentations.

Some understand Homeopathy as a science presenting human sickness in forms to be perceived :

From center to circumference, from head to feet, from within out, From highest to lowest, from the vital centers to the periphery.

This may be said to be the vertex presentation whereby one thinks from things first to things last, perceiving the loves and the hates as the first and deepest of any sickness in man.

A sickness can be perceived in :

Perversion of the desires and aversions ;\* perversion of the intelligence , disturbed memory ; physical sensation perverted ; disturbed functions or organs, with the attending circumstances ;

Perverted sensations and sufferings of parts ;

Tissue changes and pathological conditions ;

Sensations and sufferings dependent upon the pathological conditions.

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\* Presented to The Society of Homeopaths, at its Fourth Annual Meeting, Chicago, Ill, October, 1913.

Causes that excite each of these are parallel to the perverted states themselves, in each sphere.

Any physician who can view a sick man in this way, from first to last, will be able to secure evidence that will enable him to adjust materia medica so that order will certainly be re-established.

This may be called birth by vertex-presentation.

Some physicians are utterly unable to perceive that the mental symptoms are first, will and understanding perverted, and are unable to perceive that the man himself has been unbalanced by heat, by cold, by light, and by electricity, in instances of excess, of defect or of perversion. They are utterly unable to perceive that the man as a whole, as of himself, may be perceived in a grasp collectively, and mentally analyzed by the measure of excess, defect, and perversion. Such men always see ultimate tissue-changes, pathology, as both cause and ultimate. I say see because they do not perceive.

The first-cited vision is to be perceived ; the last can be seen and touched. This latter might be termed breech-presentation.

These two classes of men must always differ :

The first are philosophers and rational men , the others materialists.

One class think from things first to things last, including all items in their places, and giving each its full value in relation to the whole ; the other see the ultimates and give no value to the whole.

The first see sickness in its perversions :

Of the loves, Of intelligence, Of memory, Of bodily sensations, Of causes and Of circumstance ; In greater and in lesser ; In general and in particular ; And these as they extend into ultimates.

The first are adherents of, and filled with, the doctrines ; the second are not of, but against, the doctrines.

The second must see results of disease. They have no perception of causes and circumstance. When they see what they call causes they see only ultimates ; they appear to lack ability to group the first conditions of disorder. They do not see order in the phenomena of disorder, nor in the symptoms of sickness. They see sickness only in its endings, or ultimates.

To heal the sick, man must perceive what in the body is in disorder, and he can perceive this only by viewing the phenomena of disorder. The phenomena that represent progress from cause to effect are often ignored until ultimates that can be seen and touched are present. This assumes that a thing can be a thing and at the same time the cause of itself.

#### The basis of observations.

Homeopathy is an art and a science of life because it is a study of living objects. The law is revealed by phenomena evolved in living people, not in dead substances. Observations on dead substances are so far removed from living things, and from life itself, that they may properly be considered entirely outside of a science of living beings. They form a purely external science, an abstract science, and should be considered removed and apart from the object to which the Law relates.

In the laboratory has been discovered no remedy for living people, and its investigations have not benefitted the dead. The laboratory conducts study not of life, nor of disease, but of results of disease. That causes are sometimes continued into effects is true, but knowledge of the endings of causes is useless except in relation to knowledge of their beginnings and the course by which they develop. The beginnings of

perverted life are not found in pathology nor in the laboratory, nor even by use of the microscope.

Symptoms of sickness, of perverted vital action, are the only discoverable manifestations of the perverted vital economy. In the symptoms we can see clearly the likeness of every disease and the likeness of the curative remedy for each. Symptoms are the only manifestation by which disease can make itself known to an intelligent physician. It is not the fault of nature's God that man is not wise enough to read these symptoms.

Men who are the victims of self-intelligence think that they can work out of dead matter the cause, the progress, and the curative agents of sickness. This never has been done ; in time this idea will be looked upon as the whim of antiquity.

The law of cure known as the Law of Similars is a law of God ; it was always so acknowledged by Hahnemann. It has always dealt with vital manifestations, not with results of vital changes, dead substances ; so must it ever be. When man knows the Law and the significance the relation of sick-images in sick people and in our pathogeneses.

When he knows the science of Homeopathy he will perceive beginnings of disease in childhood, its progress through life, and its ultimates after death. When these are considered collectively they make one grand whole ; when they are considered separately there is always something lacking. When the ultimates, only, are known, there is a dead science worked out on the dead, useless to the living.

An eminent pathologist once said to me : "We shall know how to cure this patient when we know the pathology." I then asked him : "When shall we know the pathology ?" I then asked him "when shall we know the pathology ?" He replied : "When we have made a post-mortem."

Nothing has been discovered on the dead separated from the living subject to which it was related, that has ever led to a remedy for sickness. Only dangerous palliatives and makeshifts, that kill as often as they cure, and harm more than they benefit, have ever been discovered. Any that can be mentioned will be found to be of small value in comparison to remedies that conform to real remedial action whereby all living manifestations have been called into use through intelligent application.

When the laboratory can tell us what man loves and what he hates ; when it can give us a complete image of his rational mind with all its deviations from the normal ; when it can tell which are sensitive to cold, to heat, to dry weather, and to storms ; then may we look to this dead science for help outside of symptomatology.

The sooner we learn to see the true classification and individualization by life-signs during sickness, the sooner shall we cure sick people so satisfactorily that we shall not hunt for remedies in results of disease.

Contemplate the millions of dollars squandered in laboratory research without yet yielding knowledge of the cause of bacteria !

Has it ever shed any light upon the soil or the precise condition for our vital fluids, to furnish us knowledge of the lack of resistance and of susceptibility ?

Has it told us the real condition of inherited tendency ; what is that weakly condition which ends in tuberculosis and cancer, and wasting disease ?

Yet these conditions that tend towards tuberculosis and cancer are so well known to the wise followers of Hahnemann, by signs and symptoms, that at this day all can be cured, yes, cured, of their inheritances. They can be tested and cured : tested not by laboratory discovery, but by methods familiar to the modern followers of the immortal Hahnemann.

These things must be discovered by studying the things of the

will, the understanding, and the physical signs and symptoms, as they exist in the similarity of drug-provings. Study of the living must aid us to cure the idiotic and weak-minded children ; laboratories cannot do it.

A physician is one who knows how to heal the sick. To be a pathologist and not to have a careful knowledge of materia medica and of how to use it is not being a physician. I have known some good prescribers who did excellent curing of sick people and had a limited knowledge of pathology.

The thoroughly-rounded physician is one who adds to his knowledge of the art of selecting remedies according to the Law of Similars a knowledge of diagnosis and pathology. There are times when he must give advice to patients that are incurable ; he must know pathology and diagnosis. There are kinds of pathology most useful to the intelligent prescriber, but this knowledge never is useful in the mind of the man ignorant of the art of prescribing.

The pathologist considers the disease instead of the patient ; the physician considers the patient, and perceives the sick patient in the symptoms that represent the personality of the sick man.

Diseases and results are much the same in all beings, both man and lower animals, and no individualizing is possible by studying a disease or its pathology. All people produce the same pathology when affected with the same disease. What is common will never lead the physician to perceive what is peculiar in any individual.

### Dosage.

A fatal error prevails in many quarters : to suppose that increasing the size of the dose makes it more homeopathic. It is not yet clearly understood that the attenuation should be similar to the plane of the perversion, the disorder, in the economy. Increasing the degree of the potency may hasten the cure, but it often increases the aggravation ; diminishing the potency diminishes the homeopathy, and if the drug be increased in quantity the relation departs from the similar to the dissimilar, hence becomes not the curative power.

## USE OF THE REPERTORY.

As Homeopathy includes both science and art, Repertory Study must consist of science and art.

The scientific method is the mechanical method : taking all the symptoms and writing out all the associated remedies with gradings, making a summary with grades marked, at the end.

There is an artistic method that omits the mechanical, and is better, but all are not prepared to use it. The artistic method demands the judgment be passed on all the symptoms, after the case is most carefully taken. The symptoms must be judged as to their value as characteristics, in relation to the patient ; they must be passed in review by the rational mind to determine those which are strange, rare, and peculiar.

Symptoms most peculiar to the patient must be taken first, then those less and less peculiar until the symptoms that are common and not peculiar are reached, in order, from first to last.

These must be valued in proportion as they relate to the patient rather than to his parts, and used instead of ultimates and symptoms pathognomonic.

Symptoms to be taken :

First—are those relating to the loves and hates, or desires and aversions.

Next—are those belonging to the rational mind, so-called intellectual mind.

Thirdly—those belonging to the memory.

These, the mental symptoms, must first be worked out by the usual form until the remedies best suited to his mental condition are determined, omitting all symptoms that relate to a pathological cause and all that are common to disease and to people. When the sum of these has been settled, a group of five or ten remedies, or as many as appear, we are then prepared to compare them and the remedies found related to the remaining symptoms of the case.

The symptoms that are next most important are those related to the entire man and his entire body, or his blood and fluids as

sensitiveness to heat, to cold, to storm, to motion, to rest, to night, to day, to time. They include both symptoms and modalities,

As many of these as are found, also, in the first group, the mental summary, are to be retained.

There is no need of writing out the remedies not in the mental group or summary ; these symptoms, relating to the whole patient, cannot be omitted with any hope of success.

We must next look over all the record to ascertain which of that group are most similar to the particulars of the regions of the body ; of the organs of the body ; of the parts ; and of the extremities.

Preference must be accorded to discharges from ulcers, from uterus during menstruation, from ears, and from other parts, as those are very closely related to the vital operation of the economy.

Next must be used the modalities of the parts affected, and frequently these will be found to be the very opposite of the modalities of the patient himself. A patient who craves heat for himself, generally, and for his body, may require cold to his head, to his stomach, or to the inflamed parts, hence the same rubric will not fit him and his parts. Hence to generalize by modalities of isolated particulars leads to the incorrect remedy or confounds values placed upon certain remedies.

There are strange and rare symptoms, even in parts of the body, which the experienced physician learns are so guiding that they must be ranked in the higher and first classes.

These include some keynote which may guide safely to a remedy or to the shaping of results, provided that the mental and the physical generals do not stand contrary, as to their modalities, and therefore oppose the keynote-symptoms.

Any remedy correctly worked out, when looked up in the materia medica, should be perceived to agree with, and to fit, the patient ; his symptoms ; his parts ; and his modalities. It is quite possible for a remedy not having the highest marking in the anamnesis to be the most similar in image, as seen in the materia medica.

The artistic prescriber sees much in the proving that cannot be

retained in the repertory, where everything must be sacrificed for the alphabetical system. The artistic prescriber must study *materia medica* long and earnestly to enable him to fix in his mind sick images, which, when needed, will infill the sick personalities of human beings. There are too numerous and too various to be named or classified. I have often known the intuitive prescriber to attempt to explain a so-called marvelous cure by saying : "I cannot quite say how I came to give that remedy but it resembled him."

We have all heard this, and felt it, and seen it, but who can attempt to explain it ? It is something that belongs not to the neophyte, but comes gradually to the experienced artistic prescriber, It is only the growth of art in the artistic mind : what is noticed in all artists. It belongs to all healing artists, but if carried too far it becomes a fatal mistake, and must therefore be corrected by repertory-work done in even the most mechanical manner.

The more each one restrains the tendency to carelessness in prescribing and in method, the wiser he becomes in artistic effects and *materia medica* work. The two features of prescribing must go hand in hand, and must be kept in a high degree of balance, or loose methods and habits will come upon any good worker.

—*The Homeopathician.*

## SHOULD AN ABSCESS BE ALWAYS OPENED ?

Lately I have had several cases that undoubtedly call into question the operative procedure that we adopt in cases where pus has formed in an abscess and where there is no likelihood of its opening out by itself. It has been held that operative procedures are absolutely necessary in cases where pus has formed and where a distinct fluctuation is felt over the parts. Of course there are homeopathic medicines that help an abscess to burst by itself and I have seen this happen in hundreds of cases. But there are cases which refuse to yield to homeopathic medication and pus forms but the inte-

guement over the affected part is so thick or there is some such other impediment in the way that prevents the abscess from bursting by itself. Of course in such cases the natural presumption is that the abscess must be opened at once or some serious consequences will ensue from the absorption of the pus in the system. But then again there is the other side of the question. Does the abscess always heal kindly even if it is operated upon under the best aseptic or antiseptic conditions with all the necessary careful after treatment? All conscientious physicians will say no. Here again we have to consider, like in all other cases the individual idiosyncrasy of the patient, his constitutional defects and a hundred other things. Only lately I have had several cases that have made me think over this matter. Last year a young lady was brought under my treatment suffering from an abscess in the thigh that had baffled the skill of the most eminent surgeons of this country. She had been operated upon three times but without any benefit. She had become almost skin and bones and had continual fever, temperature ranging between 99° and 101°. She was also under the Indian system of treatment with their salves and ointments but with no better results. When I began treatment there were two openings one in front and the other in the back of the thigh both about an inch long. From the symptoms of the case at that time I began the treatment with Silicea which I gave in the 30th, 200th and the c.m. potency. I also had the wounds dressed under strict aseptic principles every day. Every morning when I visited the patient a quantity of liquid healthy pus used to come out and during the full-moon and new moon days sometimes bloody sanious pus would also come out in quantities. Under Silicea she seemed to improve gradually but steadily, and in about a month's time she became very much better, the quantity of pus became very much less and the aggravation at the full

moon became less marked but the openings refused to heal. Nothing seemed to effect that. I took the symptoms of her case all over again once more and this time I selected Calc. c. 200 and in about a months she steadily improved in health became quite rosy and healthy-looking. One of the openings also closed up. But the other remained and nothing seemed to effect that. I had her examined under the X rays and found that a portion of the ~~former~~ <sup>bone</sup> had become necrosed and that there were large and small sequestrums almost detached from the bone by the side of it. I have had similar cases before and I have in many cases seen the bone come out by itself under homeopathic treatment and I thought in this also it would happen similarly as the patient was improving in every other respect. I consulted some of my colleagues and they were also of the same opinion. I forgot to mention that I had the blood examined also and there was marked Wasserman reaction. That also complicated matters somewhat. By this time it was nearly three months and the patient's people began to be impatient. I assured them that she would be all right under homeopathic treatment but they could wait no longer. They had the opinion of some of the best Calcutta Surgeons and they were all of opinion that she could never recover unless that dead piece of bone was removed. I told them that even if that piece was removed she would not get well unless the constitution was set right. This was about eight months ago. I had occasion to see her lately. She had undergone three successive operations during these 8 or 9 months, all the sequestrums has been scraped away but the wound has not healed yet. The surgeon told me that he thought another operation would be necessary but the bone had become so this that he was afraid to perform another operation and so the poor patient must be sent back home in this condition in spite of all.

the vaunted treatment. If they had stuck to homeopathy the results might have been different as some of the cases narrated below will show.

My next case was that of a young boy aged 4 years, who had similar abscesses and who had been operated upon four times with no better results. It was painful to see the pitiful crying of the boy when the father removed the dressing for me to see the wound. The bone was badly affected in this case. It was slightly bent and the whole thigh was full of cicatrices and gaping wounds which discharged unhealthy pus freely. I took the history of the case carefully and prescribed Calc. Phos. for him. I also had the wounds dressed regularly with aseptic dressings, only our procedure was not so painful. Fortunately for the boy his father was not a very rich man and the patient attended my clinic regularly for six months after which he was completely cured. During the course of treatment I had occasion to prescribe Silicea, Calc. fluor, Hecla Lava, Sulphur and Asafoetida. He is a hale and hearty boy today. His father brought me another patient the other day and told me that the boy can run and play as well as any other boy.

The next case was that of a boy aged 10 years. He had a large abscess involving nearly the whole of the thigh. The kneejoint was ankylosed. The patient was brought to me during the fifth week of the disease. He had constant fever, the temperature ranging bet. 101 and 103. I suspected that pus had formed in the abscess. But still according to indications I gave Hepar. S. 30 and 200. In a fortnight's time the abscess seemed to be quite full of pus and there was distinct fluctuation. The whole thing looked quite shining and glistening and the pain and throbbing became very acute. I thought it dangerous waiting any longer and so decided to open the abscess. The next morning I went quite prepared

to open the abscess. But as I got ready and began to wash the parts the boy began crying in such a piteous manner that the mother of the child also joined in the crying and the father prevented me from opening the abscess. He begged of me to wait another day. (From the looks of the abscess and the high temperature I thought of Belladonna and I gave a dose of the 200th and left the place in disgust, dreading serious consequences. I was prevented from seeing the boy on account of some other pressing engagements. The next day when I visited him again I was astonished to find that the swelling had gone down nearly half, the pain was much less and the fever was less also. I repeated another dose of Belladonna 200. In about a week's time the swelling was almost gone, only a hardness of about 2 inches long remained, the fever disappeared and the boy looked better in every way. In about a fortnight's time the boy was able to hobble into my office. The knee remained ankylosed for nearly a month after which time he could walk about as well as any body. I had no use of repeating the medicine. Only during convalescence I used to have the knee well rubbed with mustard oil.

My next case was my own son aged 4 years. He was my wife's favorite boy. He got his leg twisted in the railings of his bed while asleep and woke up crying and in fever. He was a very healthy boy. He suffered agonizing fever for 3 or 4 days before we could detect the actual seat of the trouble. We knew there was no fracture or dislocation for on the second day he stood up and walked a little without our knowledge. But this aggravated his trouble very much. His fever increased and the inflamed mass became quite angry looking and visible. As he was my own boy, I could not treat him any longer and so put him under my father Dr. P. C. Majumdar's treatment. I forgot to mention that previous to this I had

given the boy Arnica 30th and the 200th potency, also Belladonna and Nux vomica.

Father continued his treatment for nearly three weeks and in spite of all the best selected remedies he began getting worse and worse day by day. The knee became ankylosed, the fever continued unabated and he became fearfully weak. The least movement was agony to him. At last I thought an operation inevitable. But my father Dr. P. C. Majumdar insisted that the boy would get well under homeopathic treatment and as he had taken charge of the case I did not interfere. Father said now that the new moon had passed he would get well. He gave Nux vom, Merc Sol. 30 200, Natr. mur. Silicea and one or two other remedies but nothing seemed to make any impression and my wife became very impatient. On the 25th day father gave a dose of Apis 20. This seems to have revolutionized the boy's condition. The very next day the fever was gone and in about 4 day's time the boy could move his leg and in about 10 days from the day he had apis, he could walk although with difficulty. He needed no further medication and he gradually made an uneventful recovery. This shows what the potentized homeopathic medicine can do.

The next case was that of a little baby about 12 months old. The boy was ricketty, had an abscess on the thigh that was about 8-10 inches long and had been operated upon three times. A fourth operation was thought necessary but the child's condition frightened the doctors and so they desisted, and as a last resource the homeopath was called in. When I took up the case, he had constant fever, there was slight curvature, the spine seemed to be bent towards the left, there were two openings each two to three inches long and sending a quantity of most unhealthy pus. I removed all the dressings had the wounds washed and cleaned aseptically every day but

not dressed, as I thought his condition to be too weak to bear the suffering. Under Calc. c. 30 and 200 and Calc. Phos. 200, he seems to be much better within a fortnight. He is still under treatment.

*Wm. N. Clark, M. D.* J. N. Majumdar, M. D.

## THE DISEASED TONSIL AND ITS SEQUELAE BY LLOYD H CLARK, M.D.,

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For some years past the diseased tonsil has been the subject of a great deal of discussion and the pathological conditions resulting therefrom have come to be more generally recognized. The faucial tonsils are a part of the pharyngeal lymphatic ring and are two in number, lying on either side of the pharynx between what is known as the anterior and posterior pillar. Anatomically they are composed of a lymphoid tissue with a connective tissue reticulum and covered by mucous membrane. On the inner surface—the surface presenting into the throat—we find about fifteen openings or orifices, which orifices lead into spaces. From here we find numerous tubular follicles extending not only into the tonsillar substance but through the structure to the capsule on the outer side. Their lining is an extension of the mucous membrane of the pharynx covered by epithelium. Surrounding each follicle is a network of lymphatics. These lymphatic vessels drain into the deep cervical vessels in the upper part of the neck under the sterno-cleido-mastoid muscle and thence into the thoracic duct. Thus it is very easy to understand how infection can be conveyed to distant parts.

It is undisputed that the tonsil in a healthy state renders a certain service to the body although at the present time the function is not definitely known, and that a diseased tonsil is

injurious to the body. The exact benefit of a healthy tonsil is a much disputed question and nearly every laryngologist has his own pet theory as to its function. Probably the normal tonsil acts as a fortress to the body which it is incapable of doing when it has undergone degenerative changes. In this connection the hypotheses of various men are interesting. Dorland says that "the tonsil is supposed to act as the source for the supply of phagocytes to the mouth and pharynx which destroy bacteria entering the mouth."

On the other hand Masini believes that the tonsil has an internal secretion comparable with that given off by the suprarenal gland. He arrived at this conclusion after experiments with the aqueous extract of the tonsil, intravenous injections of which gave the same results as those obtained from the injection of suprarenal extract.

The size or shape of a tonsil is no indication as to whether it is in a healthy state or otherwise. They may be large and perfectly healthy and unless they are acting as an obstruction or causing irritation need not be removed. On the other hand, a patient may have what are apparently very small tonsils and at first glance it may be difficult to see how they can possibly cause any trouble. Yet upon a more careful examination after retracting the anterior pillar they may be found to be badly diseased and the crypts filled with a degenerated material probably of a toxic nature. It is not at all unusual to see upon the removal of a diseased, spongy tonsil of moderate size when grasped with a seizing forcep an abundance of a thick, cheesy substance ooze out as milk would ooze from a sponge upon slight pressure. It is self evident that the constant irritation from such material can not be other than detrimental to the adjacent structures and to the system in general.

Acute tonsillitis especially if of the recurrent variety, is

very annoying and usually leads to permanent pathological changes. The ill effects, however, are not entirely local. Endocarditis and rheumatic affections are frequent sequelæ of both the acute and chronic state. It seems also to be a fact that acute nephritis often follows and it would not be amiss to give every case before being discharged a careful urine and heart examination. Quinsy or parenchymatous tonsillitis most frequently occurs in medium sized or small tonsils from some obstruction by adhesions or otherwise in the peritonsillar fold. It consists of an abscess external to the tonsil.

Chronic tonsillitis occurs in tonsils that are diseased—that is, in glands which are no longer able to functionate. Usually from repeated attacks of the acute form the follicles have become degenerated, dilated and filled with a debris which they are unable to cast off causing a continued irritation and weakened condition. This causes a favorable medium for bacteria. In some of these chronic conditions the bacillus of Vincent's Angina may be found. When this condition is present it is always wiser to treat the throat with tincture of iodine before removing the tonsils else the bacilli may become permeated into the adjacent structures at the time of operation and thus keep up a chronic irritation.

A chronic pathological condition of the tonsils often causes disease in the contiguous mucous membrane, that is in the pharynx, larynx, trachea, eustachian tube and middle ear, arising from the pouring out of infected secretion from the tonsillar crypts, also from a hindrance to the normal functions of the parts.

In this connection the disease which comes to our mind first is catarrh of the middle ear causing deafness. This is due to the irritation which is exerted by the tonsil, also in the case of a large tonsil to pressure and to the hindrance in

functionating of the muscles which open and close the pharyngeal orifice of the eustachian tube.

While on this subject of middle ear disease, pardon me if I digress for a minute and speak a word in regard to adenoids and their relation to middle ear disease. Adenoids are hypertrophied lymphatic glands which exist normally in the epipharyngeal space. The irritation and inflammation which occurs in the epipharynx during attacks of the exanthematous fevers is an important etiologic factor; also the lymph structures of children become enlarged or hypertrophied in response to bacterial stimulation which condition does not hold true to such an extent in adults.

Adenoids are most frequently present in children between the ages of six and sixteen and are in many instances family characteristic. These normal epipharyngeal lymphatic glands consist of a fibrous connective tissue framework filled in with masses of lymphoid tissue and in speaking of adenoids we mean a condition in which an hypertrophy of this lymphoid tissue has taken place. We often hear of the shrinking or atrophy of adenoids at puberty. It has been pretty conclusively proven that when a shrinking of the adenoid mass occurs it is because of an increase in the fibrous tissue formation. However, from certain investigations it has been found that this process is independent of the age of the patient and may not occur at or after puberty but at any age. Therefore it is impossible to say in any definite case that if the growth is left it may disappear. In certain instances the growth does apparently disappear at puberty but this again may be due to a gradual enlargement of the epipharynx of the child as it reaches adult life. Hence the futility of waiting and in waiting the attendant inflammation is ever progressing and may involve the eustachian tube which it does in a large per cent of all cases.

The diagnosis of adenoids is comparatively easy. The comparatively expressionless countenance with the open mouth and thick, short upper lip, the night restlessness and the day restlessness, the mental impairment, defective speech, and aural complications are some of the more prominent symptoms. The earlier the operation is performed the better are the patient's chances of recovering permanently from the deficiencies.

Adenoids because of their close proximity to the mouth of the eustachian tube cause an irritation resulting in eustachian catarrh which impairs hearing in the child to a greater or less degree. The majority of laryngologists are of the opinion that there is impaired hearing in children in most all cases of diseased tonsils with adenoids. The figures are put as high as 90 to 95 per cent. I remember well the first case of simple deafness in a child which I saw treated by means of a tonsillotomy and the satisfaction derived when the parents reported that the hearing returned promptly. In many cases, too, a running ear results and earache is not an infrequent symptom.

In the throat itself there is oftentimes present a chronic pharyngitis together with a persistent nagging cough which resists all manner of treatment but which disappears after operation.

There is another group of cases which we place under the classification of remote secondary infection. Rheumatic affections with their complications and sequelæ as endocarditis and myocarditis, arthritis etc., form the chief group, and experience has taught us that where diseased tonsils co-exist that if the tonsils are removed we may be reasonably sure of a cure.

Structures contiguous to the tonsil may become inflamed or infected or involved through pressure arising from the

chronically diseased tonsil in the substance of the neck. This gives rise to definite local symptoms which may vary from an uncomfortable feeling or slight soreness felt below the ear to a severe and recurrent neuralgia in the same region. It may run up to the ear, may cause loss of voice from pressure on the superior laryngeal nerve, which passes external to the tonsil, or through involvement of the recurrent laryngeal. Many of the neuralgias occur as the result of pressure on or inflammation of nerves in this locality. The treatment of these neuralgias is the complete removal of the tonsils even though no history of acute tonsillitis or no apparent enlargement of the tonsil is present. In some cases symptoms may persist even afterwards because there is a continuation of the secondary inflammation either in the lymph glands or in the nerves. If traction is exerted on such a tonsil with a hook it will cause pain and soreness and flinching, especially when the deeper structures are invaded. In this way one can easily differentiate a good from a bad tonsil in the same throat.

There is now thought to be an intimate relationship between the tonsils and enlarged or suppurating cervical glands. The lymph channels pass directly from the tonsil to these glands and the complete enucleation of tonsils in this condition frequently effects a cure.

If what I have said is true, then diseased tonsils are harmful and should be removed. While no one of us is of the opinion that the tonsil is the great avenue of approach for each and every infection yet it is well to keep this path in mind especially when confronted with a disease of obscure origin.

—*The North American Journal of Homeopathy.*

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## INDICATIONS FOR, AND MY EXPERIENCE WITH, PHOSPHORUS, IN PNEUMONIA.

By E. B. FRANKLIN, M.D., New York, N. Y.

The most prominent symptoms from phosphorus, referring to the chest are : congestion to the chest; great weight on chest, or feeling of tightness ; dryness of air passages, or rusty or bloody sputa ; excoriated feeling in upper chest. What the old colored woman said has been remembered many years, i. e., "I feel as if some one was sitting on my chest and scraping my throat with a hoe." Hoarseness. Shooting in chest, especially left side. Cough and discomfort aggravated while lying on left side. Hepatization of lower half of right lung.

As for my experience with phosphorus in pneumonia, I will mention only two cases.—When gripe first invaded New York, a young lady who had suffered an attack was so recovered that she went out to dinner with a friend, returning late in the evening. She had no knowledge of having had any chill or of having "taken cold," but was seized with a violent fever in the night, and I was called, and found her with a temperature of 106° and pneumonia established. She was desperately ill, and sank down and down. Phosphorus was indicated clearly through a long portion of her illness. I gave it first in the 6th centesimal dilution, and it aggravated her case, so she said she felt she was smothering after every dose. So I changed to a high attenuation—I think it was the 30th,—which left nothing to be desired.

Another case was that of a young travelling salesman who was seized by pneumonia while in the South, and lay in bed for three days, when the doctor told him if he wished to get home alive, he had best get on a sleeper and go at once. I met him in New York and put him at once in bed. His lungs were badly involved, and he sank down, so that he gave us the "death rattle," as the old folks used to express it, all one day. I also aggravated his case, by giving phosphorus 6th centesimal, so changed to the 200th, which was continued with success.

Let me say, I am not a high-potency man. I sometimes give mother tinctures. Have given even the mother tincture of belladonna, a few doses, and find that we must select the proper strength, as well as the proper drug, to suit the case and diseased condition in this very difficult business of prescribing.

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### ADENOIDS AND AURAL DISEASE.

BY HAROLD L. BARCOCK, M. D.

Assistant Aural Surgeon, Massachusetts Homeopathic Hospital.

The fact that enlarged or diseased adenoids may cause aural disease is so universally recognized by physicians today, that it would seem almost unnecessary to bring the subject to your attention this evening. There are, however, some phases of the question which may be emphasized with profit.

In the first place, a moderate amount of adenoid tissue may be present in the nasopharynx of a child throughout his early period of development and give rise to no aural trouble. When, however, the mass of adenoid tissue becomes sufficiently hyper-trophied to cause direct pressure on the mouth of the Eustachian tube, thus interfering with the ventilation of the middle ear ; or when diseased, it harbors pyogenic bacteria in a location which favors their progress by direct extension through the Eustachian tube to the middle ear ; adenoids become a factor in the etiology of aural disease.

The adenoid body, also called Luschka's Tonsil, is a mass of lymphoid tissue situated on the upper and posterior walls of the nasopharynx. It is composed of masses of round cells held together by connective tissue, and contains mucous glands in its deeper portions. Including the faucial and lingual tonsils, this third tonsil completes above the chain of lymphoid tissue known as Waldeyer's ring. The physiology of this tissue is not definitely known, but when normal it is generally believed to exert a protective action by destroying pyogenic bacteria which have reached the nasopharynx and pharynx by way of the nose or mouth.

Adenoid enlargement is attributed to a lymphatic diathesis which causes hypertrophy of all lymphoid tissue, to tuberculosis or to syphilis. Nasal obstruction in any form favors its development, and Wood says: "The lymphatic structure of Luschka's Tonsil, its anatomical relation to the respiratory current, its contiguity with similar tissue in the nasal walls, so exposes it to irritation and infection that it is often diseased." Enlarged adenoids are frequently observed, however, in otherwise healthy children.

Obstructive adenoids are most often found in children between the ages of three and twelve years, and as this tissue usually shrinks as the child approaches adult life, the theory has been advanced that the adenoid is in some manner a factor in the child's physical development.

The early diagnosis of these obstructive adenoids is of vital importance if the function of hearing is to be saved or restored. This cannot always be accomplished by the use of the post-rhinoscopic mirror as the gland itself may be little enlarged. Upon digital examination, however, soft material will be detected in the region of the fossa of Rosenmüller and around the tubal orifices. It is this large class of cases which does not present the typical picture; i e, mouth breathing, snoring, discharge from the nose, narrowed nostrils, upper lip projecting from the teeth, and dull facial expression; but which does exhibit ear affections, owing to the location of the growth; that comes especially within the province of this paper.

A small organ bearing a very important relation between the offending adenoid and the offended ear is the Eustachian tube, about which I wish to say a few words. The Eustachian tube, so-called after Eustachius, who was the first to describe it minutely, is the passage connecting the middle ear with the nasopharynx. Its length is about one and one-half inches, its position is oblique, extending from the middle ear forward, downward and inward. It consists of a bony canal in the upper third and a cartilaginous and fibrous canal in the lower two-thirds, the average diameter being about one-twelfth of an inch, and the narrowest point being at the

junction of the osseous and cartilaginous portions. The tube is lined with mucous membrane of a ciliated, cylindrical variety, with movement toward the pharynx, thus aiding the flow of mucus or fluid from the middle ear. The wide oval-shaped orifice of the tube into the nasopharynx lies on the external wall just behind the posterior extremity of the inferior turbinated bone, and its movements, opening and closing, are controlled by the tensor palati and levator palati muscles which contract during the act of swallowing, thereby opening the tube.

Its function is to ventilate the middle ear ; that is, to equalize the air pressure on the inner and outer side of the drum head. In a state of rest the tube is closed and only communicates with the nasopharynx during the act of deglutition, at which time its orifice opens, so that it is very evident that any foreign body, such as an enlarged adenoid, or hypertrophied end of an inferior turbinate, which interfered through pressure with the opening of this tube, would disturb the air pressure equilibrium, causing a relatively increased pressure on the outer side of the drum head. Any interference with this equilibrium results in auditory disturbances by affecting the conductivity of the ossicles. In children the tube is shorter, the lumen relatively wider, and the direction more horizontal, thus rendering inflation of the middle ear easier, as well as promoting better drainage from the tympanum, but, on the other hand, making it more liable to carry infected secretion to the ear.

( To be continued. )

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## INFANT FEEDING AND INFANT MORTALITY.

The question of infant feeding is receiving the consideration of all the civilized nations of the world. Here in India, this question seems to me to be of greater importance than anywhere else for the infant mortality is far worse here than anywhere else on the face of the globe. Speaking before that august assembly of the American Institute of Homœopathy Dr. J. P. Cobb, Dean of Hahnemann College of Chicago said :—"There are born in the United States of America two and one-half million babies each year ; half a million die before they are a year old. One-fourth of all deaths from all causes are of infants during their first year of life ; of these sixty per cent. are due to gastro-intestinal diseases, while at least twenty per cent more have digestive disturbances as contributory factors in their ill-health. In other words, one fifth of all deaths from all causes are of infants under one year of age, and these are due to one

preventable cause. No parallel to this frightful economic waste can be found anywhere, even in spendthrift America."

I should, however, be inclined to say that the condition in India is far worse than that of America. There are various other causes that lead to the enormous infant mortality in India. But the chief factor is the improper understanding of infant feeding. Mother's milk is a rare commodity with infants now, although it should be their chief and only diet till they are weaned. With the advance of western civilization and growth of the larger cities in India and the millions that inhabit these places, mothers seem to become more and more reluctant to nurse their babies, and those that do nurse their own babies, are generally in such impoverished condition of health that their milk does more harm than good to their infants. Living in cooped up dwellings from years end to years end with never any chance of any open air exercise, being unable to imbibe fresh air, a thing so vital to healthy living, these mothers invariably suffer from acidity, indigestion and various other gastro-intestinal diseases. Moreover some of these mothers give birth to children, when they are themselves children and should be playing about in the schools and play-grounds. In India very often a girl becomes a mother before she is thirteen, fourteen and fifteen years of age. Is it to be wondered then that the offspring of such a mother should be weak and unhealthy. Moreover the mother not having a proper knowledge of the proper feeding and care of the baby, the offspring suffers in various ways. If the mother nurses the baby, as she should, her diet and other hygienic necessities should be properly attended to. If she does not nurse the baby, then it is necessary that a proper diet should be found for the child. Cow's milk diluted with water and boiled and sweetened is perhaps the

nearest approach to mother's milk. But I have found that many children are unable to digest it properly. Sometimes an addition of sugar of milk helps the dietary beautifully. In some instances I have found goat's milk or donkey's milk agreeing with the infant. •

There are various prepared foods now-a-days in the market. Of these Horlicks and Mellins have agreed with many of my patients. In a city like Calcutta where it is very difficult to get good milk, I have found these foods agreeing nicely with my patients. In Bengal where malaria prevails and where the mothers are often malarious subjects and suffer from indigestion acidity &c. the children suffer from fever with consequent enlargement of the liver and spleen. This sort of infantile enlargement of the liver is unknown in Europe and America. In such cases we have to stop cow's milk absolutely and sometimes mother's milk is also to be interdicted. It has been held that barley, sago and such other starchy foods are not good for infant feeding. But I must say that our experience is quite different here in India. Whenever there is fever we always stop milk diet and give barley water instead and it helps the baby to get well quickly. But as soon as the fever subsides, we give milk or some such preparation. In infantile enlargement of the liver, the administration of milk has been considered fatal by our seers, and we fully endorse their views from our experience. A little barley water sweetened is enough so long as the fever lasts. When the fever subsides a little milk may be given.

Now comes the question of quantity. How much food should be given the baby. It is generally held that an ounce of milk to every pound of the weight of the baby is sufficient. This is of course approximate. But to give less

food is also injurious for the baby. Less food may also give rise to various gastric derangements. As the selection of the kind of diet is a very difficult question for the proper feeding of the baby, so the quantity of food also needs to be properly looked after. While over feeding is bad, underfed children are also bound to suffer from malnutrition and consequent decay of general health. I am inclined to think children very often suffer from the effects of insufficient feeding.

J. N. M.

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## DIARRHŒA IN INFANCY AND CHILDHOOD.

BY HENRY BREWSTER MINTON, M.D., Brooklyn, N. Y.

During the warmer months of the year, through the summer and early fall, the symptom diarrhœa is one of especial interest to the pediatricist. Its association with a variety of diseased conditions need not detain us, for the reason that this opens up so wide a field of pathological anatomy that time alone must dictate its omission. We may consider this symptom and the therapeutic indications which follow therefrom quite apart from the diseased process present as based upon pathological tissue change. And we may consider it with profit. That is the more evident when we reflect that all of these processes are the result of bacterial invasion of the alimentary canal and that the local character and extent of the morbid process must be managed in much the same way, both from a preventive and curative point of view, regardless of the precise anatomical location or the exact pathological extent of the process.

Prevention of these diarrhoeal diseases is recognized as of the utmost importance, and advances in infant hygiene and sanitation have accomplished much along these lines. Inculcating proper and cleanly habits for the entire people, the need for clean and wholesome food supplies, clean milk and water are some of the momentous tasks which must be accomplished in the prevention of these diseases from a public health point of view. The complex condition of our present civilization brought about by our attempts to assimilate the hordes of barbarians, that is, barbarians from a hygienic point of view, dumped upon our shores by the liberality of our immigration laws, increases the difficulty of prevention in all the more congested centers. The palace cannot be made safe against the bacillus which inhabits the hovel. The hovel must be eliminated. We must recognize that public health and hygiene are becoming more important to the welfare of the people than ever before. Nowhere is the advancement of sanitary science more fruitful of results than in the reduction of mortality among children from diarrhoeal disease. The successful elimination of such diseases can only be accomplished by absolute cleanliness in the handling, transportation, care, and preparation of food. Food, fingers and flies are said to be potent agents in the dissemination of typhoid fever, and they are equally culpable in the ordinary diarrhoeal diseases.

The treatment of diarrhoeal diseases should be commenced by stopping all food for a period of twenty-four hours and then by inaugurating a modification of the dietary to meet the requirements of the particular case. Certain broad principles are here unfailing guides. The food which furnishes the least favourable culture medium for the offending bacteria should be selected. The various putrifiable

bacteria are usually unduly active in the intestines, and the toxic products of their growth add not a little to the severity of the symptoms. For this reason the elimination of proteid food from the dietary is usually advantageous. In the case of a child over a year old this offers no difficulty, for such a child has sufficiently developed the ability to digest and assimilate starch as to be able to live upon a cereal gruel. This measure alone has rapidly cleared up many a persistent case in my experience. In infants the dextrinization of the gruel or the use of a malted cereal food for a short period is advisable, and then the prescription of a suitable modified milk formula. In certain cases putrifactive changes are not in evidence. The absence of the carrion-like odor of the stool and the presence of the distinctly sour type points to a disturbance of the amylitic function of digestion, and warns us that the starches and sugars of the diet are at fault. In these cases starch and sugar should be reduced or eliminated from the feeding formula until the trouble is under control. It is not my purpose to undertake to discuss the feeding in detail, but merely to point out that a proper correction of the feeding is a great assistance in the rapid cure of our cases by our remedies. Climatic changes, catching cold, etc., are at times causative, but when once established by such a cause the diet which formerly agreed may be quite capable of prolonging the trouble for a considerable period.

The symptomatology of these cases is usually extensive, and the wealth of thoroughly tried remedies should render rich reward to a careful individualization in the selection of the remedy. The character of the discharge should be inspected and not infrequently will be suggestive of a trend of thought from which we ultimately will evolve the remedy. The green or greenish stool, especially in young infants,

s very common. The characteristic suggests Ipecac, the stool of which is green like grass ; and Magnesia carb., green like the scum of a frog pond ; Argentum nit., green like spinach, or it may be green mixed with mucus, when Dulcamara or Ferrum phos. should be considered, the latter particularly if the discharge is thin and scant. There is a green stool with tenesmus under Mercurius. Possibly the colour of the stool may not be suggestive or the shade and complexion of the case may not match the remedies which have come to our mind, or it may be that the foul odor of the stool may be insistent with suggestions of Baptisia, Kreosote, Lachesis or Arsenicum. The latter is especially suited to such cases when they have at the same time vomiting and prostration and often restlessness. It may be that there is a notable absence of odor about the stool, when the characteristic would count for Æthusa, Apis or Lycopodium. Or again the odor present is not infrequently sour, and if we have already seen it to be green as above, we have an added reason for using Magnesium carb. These two symptoms, sour and green, count also for Calcarea carb. and Rheum. With Rheum the whole baby smells sour, and also for Chamomilla, that sovereign remedy for the fretful, teething child. With Chamomilla we have some color change, and from green border upon yellow, watery or like chopped egg. This symptom is also found with Rheum and Sulphuric acid. The distinctly yellow stool is that of Croton tig. or Gamboge, and also Cocculus. In many stools we see the green characteristic, often the yellow, but probably the so-called undigested stool is present in the majority of the cases. This is so indefinite and so general a term that it may be considered to include any of the remedies we have already mentioned, but the stool we particularly intend to denote

by the term is more characteristic of Podophyl, Sulphur, China, Phosphorus or Phosphoric acid, Aloes, etc. Having thus noted the color and odor, we may inquire into the quantity of the discharge and the manner of its evacuation. Profuse watery gushing as from a hydrant is of course Podophyl., and its discharge will be painless. The same profuse discharge with the absence of the usual or expected exhaustion is found under Phos. acid; and profuse after taking food or drink, especially if with vomiting, suggests Antimonium crud, when we would look also for the white coated tongue and the symptom that the child cannot bear to be touched. Other suggestions might also be drawn from the quantity, but the quantity of the discharge other than its profuseness is not very characteristic, for those moderate in quantity are legion, and the scant stool is not usually seen until we reach a grade of inflammation that carries the case out of this category and into the dysenteric type. In such cases we must make a new start in our consideration of remedies with Merc. corr., Colchicum, Ars nicum, Aloes, Cuprum, and Cantharis.

Pain or its absence gives further suggestion. With the painless stool of Podophyllum we should also associate China, Sulphur, and Phos. acid. Among the painful stools a prominent place is held by Rheum with its gripping, green, sour stool from a sour baby. A colicky patient who draws up his legs in pain is relieved by Chamomilla. The one who lies on his stomach seeking the relief which the boy who has eaten green apples finds in lying over a rail fence, is relieved by Colocynth. That is, pressure over the colicky abdomen relieves. Colic with fermentation in the bowels indicates China; with flatulence Calcarea phos., not forgetting, however, Terbinth, especially if the stool is such that it may be

described as feathery, that is, the fecal particles separate from the water into which passed and do not stain it to a homogeneous mass, but float like so many feathers. Terebinth is in my experience a very satisfactory remedy to prescribe in these cases of diarrhœa with pain, flatulence, and tenderness and often muscular aching, for the results are most prompt and satisfactory.

The sudden forcible stool is *Croton tig.* The early morning stool driving one out of bed is so well known a characteristic of Sulphur as to be perhaps better omitted than mentioned. The early morning diarrhœa is also helped by Pod., Bry., and Thuja. With Bryonia the loose stool occurs as soon as the patient gets up and moves about, and with Thuja it occurs every day after breakfast. The involuntary stool of Arsenicum may perhaps warrant a further reference to its offensive stool, with vomiting, restlessness, and prostration. Prostration must not cross our mind without mention of *Veratrum alb.* Its exhaustion with cold sweat upon the forehead have become classical keynote symptoms. It is our most valued remedy in cholera infantum. Its symptoms are vomiting and purging, with exhaustion, cold sweat, and incessant nausea and thirst, to relieve which means more vomiting, etc.

A continued reference to other and even as well known and well tried symptoms and remedies might be profitable, but the list is so long that the patience of the writer and the listener would be more than exhausted should these suggestions from our wealth of remedies be carried to the end.

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## DIAGNOSIS AND TREATMENT OF AUTO-INTOXICATION.\*

J. RICHEY HORNER, A. M., M. D., CLEVELAND.

The search for the cause of disease is going on in countless laboratories throughout the world. Every once in a while the workers are meeting with success in some one particular instance and at once begins the fight to prevent the operation of that cause. It needs but the mention of yellow fever, malaria, meningitis, typhoid fever and syphilis, to bring to the mind a realization of the advance during the past century in discovery and prevention. No longer is the world satisfied with generalization. Medicine, while far from being an exact science in all its parts, is fast approaching that goal and there is not now the utter hopelessness that once prevailed.

It has, however, fallen to the lot of auto-intoxication, in a measure, at least, to take the place of malaria in being the ascribed cause for a number of conditions the physician is called upon to treat. It seems as though wherever the cause for a certain train of symptoms cannot be definitely located, auto-intoxication is called in to fill the gap in knowledge. Then come sins of commission and omission with the patient as the sufferer.

By auto intoxication we mean a deleterious action on the body cells exerted by toxins which are endogenous. These toxins may result from alterations in the character of the secretions of the glands of internal secretion. Here are concerned the thyroid, the pituitary, the pancreas and others of

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which little is known but which do secrete fluids which excite secretion is closely related glandular structure. There are toxins which are the result of lack of elimination of toxic catabolic products as in uremia and jaundice. Some tissues undergo a disintegration which results in more or less powerful intoxication. Impaired metabolism is another and frequent condition causing alteration in the function of tissues.

With this broad field noted, it is easy to realize the difficulty at times experienced by the diagnostician in avoiding the temptation to dispose of an obscure case by relegating it to the class of endogenous intoxication. As a matter of fact, his only safety lies in a rigid adherence to the process of elimination. Make diagnosis of auto-intoxication only when the possibility of all other diagnoses has been positively eliminated.

Probably no structure in the body is more susceptible to the deleterious influence of toxins than is nerve tissue. They act by changing the nerve impulse following impregnation of the nerve center with a toxin. It has been demonstrated that changes in the secretions of internal glands produce definite syndromes, while absorption of the results of alimentary putrefaction is believed to be a large factor in the development of chronic nerve disorders, though not so definite a knowledge of the *modus operandi* is recorded.

While it cannot be said that constipation is always a sign of auto-intoxication, insanity of a depressive type is almost always caused by auto-intoxication, and constipation is a very large factor in this. It is almost always true that there are present other symptoms of the absorption of toxins. So many cases of insanity have been relieved by the removal of intestinal obstruction or the cure of sluggishness of the intestines that this latter condition is one which commands

the earnest attention of the alienist. The symptoms will not always be of a depressing nature, for frequently cases of acute mania are cured by attention to and relief of faulty elimination.

In considering, particularly, nervous diseases and auto-intoxication, we must distinguish between a condition in which there is an organic disease of some integral nerve structure, and a general infection of the nervous system with the absorption of toxins as a causal factor. I mean by this that we may have, for instance, a multiple sclerosis with an associated intoxication but due to trauma. Or we may have the same disease due to an intoxication with associated trauma. From a medico-legal standpoint a distinction between these two conditions is of vital importance in many a case. Many of the diseases of the nervous system have auto-intoxication as a part of their history. We find it not only in the functional forms but in those with organic lesions. Tabes and multiple sclerosis generally show it. In epilepsy it is almost always present. Migraine is caused by it.

The process of a diagnosis of intestinal intoxication is purely a process of elimination. Prove that your patient has no other disease and you are justified in calling his ailment intoxication. It is however, proper to consider what symptoms may be met. Headache is one of them. In fact, so frequently does it accompany absorption of toxins from the intestinal tract, that we are apt to consider it pathognomonic, but it is not. We may have a most pronounced infection and no headache result, while headache may be caused by any number of abnormal conditions. Constipation, as has been noted, usually figures as a factor and it must be taken into serious consideration. The most likely condition to be found, however, is alternate diarrhea and constipation.

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As we do find cases of auto-intoxication due almost entirely to the absorption of intestinal contents, it becomes important to know of what these may consist. At least one-third by bulk is bacteria. Estimates of their number in this mass run all the way from twelve to fifteen billions or more. Fortunately not by any means all of these are toxic. Many are perfectly harmless except for one thing, they consume oxygen which is necessary for the activity of those bacteria whose office is to combat pernicious activity of those germs which are disease-producing. About one-sixth of the mass is debris from the interstitial mucosa. Normally the amount of feces may be considered as from 125 to 150 grams, corresponding to 15 to 20 grams of dried substance.

The decomposition products of the proteids in the feces are leucin, tyrosin, indol, skatol and bodies of the phenol and aromatic acid group. No facts of diagnostic value are known concerning the presence of leucin and tyrosin and an estimate of the amount of indol and skatol in the feces is made from a determination of the amount of indoxyl in the urine. The diagnostic value of an increased secretion of this product is almost confined to demonstration of the milder forms of intestinal disturbance showing the probability of the presence there of conditions which make for intestinal intoxication.

But after all, it is the treatment which most interests the patient and which really ought to most interest the doctor. As a matter of fact it is rather astonishing how much time and text-book space are devoted to telling all about a given pathological condition and how little consideration is given to treatment. Of course it does make interesting reading, but the patient is looking for help.

Elimination is the foundation upon which we must build our treatment as well as our diagnosis. It is the logical way. There is in the system a poison which is sapping its vitality. It is logical to attempt to get that poison out of the system and thus stop its ravages. There are but few drugs which act curatively in their elimination. They do eliminate but the reaction which follows is always hurtful to the patient. This cannot be said of water and water is the great eliminant. It is indicated in practically every one of the diseases which comes as a result of auto-intoxication. It is frequently, however, used in a way which is productive of harm rather than good. The effect of water used internally or externally differs with both its temperature and quantity. The effect of water on the circulation becomes a vital matter in those auto-intoxications which are accompanied with a dangerous rise in blood pressure. "Cold water diminishes the pulse and generally raises the blood pressure unless it is very cold, when in some cases it lowers the pressure. Hot water on the contrary increases the rapidity of the pulse and raises the blood pressure, while lukewarm water (77-86) diminishes it. The lowering of blood pressure is in proportion to the lowering of the temperature of the water drunk, the contrary effect being produced by the higher temperatures. Water at a medium temperature has very little effect. It is reasonable to argue that the effect of water used internally differs even as it does used externally, and that it does vary thus goes without saying. And why? Because the effect is the result of its action on the vasomotor nerves. Action comes altogether too soon to be the result of an increase of water in the blood. So we have here the same phenomenon displayed when water is used internally as when it is used externally.

The use of water as an eliminant in renal complications must be based, not upon the idea of the amount of water imbibed, but upon temperature and methods. Elimination of fluids by way of the kidneys depends upon the pressure with which the blood circulates, and the consequent enhanced force of its stream through these organs. In your next case of acute nephritis try the effect of the use of small quantities of very cold water repeated at half-hourly intervals and note the prompt diuretic effect following. This treatment is contra-indicated if the vasomotor system has been disabled, as you will find in the early edema of cardiac and renal disease because, as we have noted, action by the fluid is by way of these nerves. It is not logical to add water in large quantities to an already overburdened system, hence such prescription in case of dropsy is a decided mistake. The proper thing would be to withdraw water and watery foods as much as possible.

The intestinal canal has often been likened to a sewer carrying off the refuse material from the body. The use of water to flush it is one of long standing. It is, perhaps, unfortunate that the above simile has been used, for there are so many differences involved that errors have been committed because these differences have not been taken into consideration. The contents of the intestines move along because of peristaltic action on the part of the intestinal walls and if these contents do not move, ruling out mechanical blocking, it is mostly because of inactivity on the part of the intestinal walls. They are the propelling power. As they are elastic, simply distending the intestinal walls makes for a still further diminution of their power just as you weaken a rubber band if you stretch it too much. Here was the fallacy of the treatment of constipation by the injection into the rectum

of very large quantities of water, a method in vogue for so many years. While bulk is necessary for action, it must be remembered that even here we can get too much and enough is plenty.

Comparatively little of the water taken into the stomach is digested there. More than ninety per cent of it passes into the duodenum unchanged, beyond its admixture with the secretions of the stomach, and it moves on in a short time. A half hour after ingestion, the water has left the stomach. Given an intestinal stasis, the result of lax muscular fibre, the indication for treatment is stimulation. Hence it is that in many cases a glass of ice cold water taken the very first thing in the morning will be followed by a free evacuation.

There can be no question but that the internal use of water as a routine habit has a large effect in relieving the conditions of the intestines which promote constipation and its sequel, auto-intoxication. One should take normally certainly not less than two quarts of water during the twenty-four hours. The larger part should be taken just before meals. That is, one should drink just before each meal, say two glasses of water. This quantity should be supplemented by taking a like total during the day, although it is not wise to drink either during or just after the meal.

There are other factors which cannot be neglected. There is a psychological element involved. No one who has suffered from the effects of neglecting to respond to the stimulus of the sphincter which indicates pressure of fecal matter upon it will deny this. The subsequent insensitiveness of the sphincter and the rectum following repeated neglect of the call will be very difficult to cure. Then, too, we are creatures of habit, perhaps to a greater degree in this one of our personal attributes than in any other. There are individuals

whose bowels act with clocklike regularity. There are others who never pay any attention to it until they get the bad effects of their neglect. Usually in the morning after breakfast is the best time, not alone because it may be the most convenient time but, because the advancement of the colon contents has been found to be most marked just after that meal. Even without the presence of desire, the attempt should be made because the effort may force fecal matter into the rectum and so result in the regular defecation reflexes and the passage of the stool.

Factors in healthful living should be considered. Among these, and I can but mention them, are exercise, massage and proper food. Exercise by creating rapid changes in intra-abdominal pressure tends to promote defecation. Hunger is increased and thus the bulk of food is augmented.

Massage increases oxidation, enabling the blood to take in more oxygen, increases the flow of saliva and doubles the flow of gastric juice. It hastens the portal circulation of lymph, stimulates absorption and diminishes the formation of gas. It also relieves the congestion of the solar plexus. At times there may be such a lax condition of the abdominal walls that a support may be needed. This should extend from the navel to the symphysis, should be applied before rising and worn all day.

Foods tend to promote peristalsis by reason of their bulk and by their mechanical and chemical action. A neutral diet is required, one free from xanthin bodies with a minimum of mineral salts. Ready access to the oxygen in the process of internal respiration converts these into products easy of elimination. Starches are digestible in alkaline medium, hence these, together with mineral salts, carbohydrates

and sugars should be mixed as little as possible with acids.

Abundant mixed food might will be the slogan for the habitually constipated. Coarse foods and foods with fibre are the best, for we must take into consideration the amount of residue as well as the amount of nutrition.

Any agents which will give bulk to fecal matter must be remembered in the efforts to clear the intestines. Agar agar, unground flax seed and the seeds of the plantain plant are in this class. They absorb water, become mucilaginous and increase and soften the fecal mass. Liquid paraffin and albolene will promote activity by lubricating the intestinal walls. The nightly injection into the rectum of a pint of olive oil to be retained, will help.

Surgical measures do not come within the province of this paper. The work of Sir Arbuthnot Lane is paralleled by that of Metchnikoff in that they both war upon the colon. Mr. Lane would entirely eliminate it by the surgical procedure of short-circuiting the contents of the intestine direct from the cecum to the rectum. Metchnikoff would render innocuous the normal and abnormal contents of the colon. His pronouncement is proving to be more of a theory than anything else. It is based upon the proposition to grow germs within the colon which will combat the growth of disease-producing germs. It seems a pity to concentrate all we shall have to say upon this really very interesting and important subject in this short paragraph, but to tell the whole story would take a book and bring us to no definite conclusions.

Those of us who have practiced medicine for many years need no one to tell us that the homœopathic remedy will, if given a fair chance, prove its effectiveness. By a fair

chance I mean that it must not be expected to accomplish impossibilities. What the remedy is going to do for any one particular case depends on so many things that it will have to be studied out with care.

The subject of the use of water externally is of such vast proportions that we have not attempted to discuss it. As an eliminant, the skin has its large place in the animal economy and the use of the baths of the varied sorts noted in the text-books on hydrotherapy is a very effective form of treatment.

In closing and in this connection, we cannot help calling attention to the fact that Hahnemann has given another illustration of his wonderful versatility and foresight. He indicated definitely the lines along which the doctor of this day might travel in hydrotherapeutic measures. Here are some of the things he said: "If there be a universally useful remedy water must be one." After describing his method of treating old ulcers of the leg by cold food and general baths, he dilated judiciously upon the inexactness of applications as follows: "The degree of temperature of each bath and the movement in it must be adapted to the improvement in strength. The weakest body may thus reach the strongest bath if the exact prescription of the doctor be followed with punctual obedience. I have never ceased to wonder how our greatest physicians could be so negligent in their prescriptions of the cold bath. They order half baths or full baths morning and evening, and this is their idea of a prescription. Of the degree of cold, the exact duration of the bath and other indispensable points, not a word. Surprise at the frequently reported ill effects of such cold baths must cease when these mutilated, inexact

three syllabled prescriptions produce results quite opposite to those aimed at."

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## NEWS AND NOTES.

*Calcutta School of Homæopathy* and the Homœopathic College will open its present session on the 15th June. Last year there was a large attendance of pupils and good number of lectures were delivered. All credit is due to the energy and devotion of our present secretary Dr. G. L. Gupta.

*Much needed rest.* Both Drs. D. N. Roy and P. C. Majumdar are enjoying their hard-earned leisure in Darjeeling—one of our hill stations. We hope both of them will come back soon and work with renewed vigour and restored health.

*Heat is not so intense* this year in comparison with the previous years, so cholera and other diseases incident on the effects of heat are rare. The weather is cooled down by occasional showers of rain,

*Calcutta Homœopathic Society* meets regularly every month. Dr. Amrita Lal Sircar, our learned president and Dr. D. N. Banerji, our energetic secretary are working very satisfactorily. We hope the other members of the society will try to attend regularly.

## BOOK REVIEW

*Repertory of Homœopathic Materia Medica* in Bengali, By Dr. Kanai Lal Gupta, B. A. We are glad to receive four numbers of this work which is called in Bengali Lukshan Kosh. This is the first attempt in our own language of a repertory which is indispensable in the good and successful treatment of patients according to homœopathic methods. There was a great want for such a book and we congratulate Dr. Gupta for supplying this want.

This work is written on the plan of Dr. Kent's famous work on Repertory, in fact we may say it is somewhat like a translation of that book. But it is not an exact rendering of Kent's repertory. The author says that he got valuable help from the repertorial works of Drs. Bonninghausen, Lippe, Kner, Kent, Allen and others. He shows in the preface of the first number how a medicine should be selected by the aid of this repertory and how to study it. We may say, this work when completed will be a great help to the homœopathic practitioners in this country. It is not only useful to those who do not know English language but, also to those of our country who have the advantage of consulting English books. The printing is good and we hope it will be largely sold.

Now if this tube becomes diseased, even though the cause, if it be adenoid, is removed, it becomes incapable of properly performing its chief function ; *i. e.*, ventilating the middle ear, and becomes an independent factor in causing aural disturbances. Holmes believes that over 90 per cent of all cases of otitis media are due to disease primarily in and about the Eustachian tube. In a report of several hundred cases examined by him with his specially devised nasopharyngoscope, he mentions the following conditions found in and about the orifice of the tube : acute and chronic purulent and non-purulent inflammation, hypertrophy and atrophy of the mucous membrane, adhesive bands, polypi, epipharyngeal abscesses and luetic lesions. These conditions he was able to treat with the aid of his nasopharyngoscope and whenever the tube could be restored to its normal patency there was marked improvement in the existing aural condition.

The definite forms of aural disease which adenoids may be directly or indirectly responsible for, are briefly : (1) tubal congestion, with its resulting middle ear hyperæmia and partial vacuum, retracted tympanic membrane and disturbance of hearing ; (2) acute catarrhal otitis media, and (3) acute suppurative otitis media. The symptoms of tubal congestion I have just mentioned.

In acute catarrhal otitis media, the infection which at first causes only a congestion and closure of the Eustachian tube, extends to the mucous membrane of the middle ear causing at first hyperæmia and then a mucous or serous exudate in the tympanic cavity. The symptoms usually observed in this condition are : feeling of fulness in the ear sharp radiating pains about the side of the head, considerable discomfort in swallowing, varying degrees of deafness and tinnitus, and

in children, more or less fever. Bacon states that in infants suffering from this condition meningitis is sometimes suspected, until examination of the ears reveals the true cause of the trouble.

Acute suppurative or purulent otitis media runs the same early course as the acute catarrhal type, except that the symptoms are all more severe, especially the pain, and, the infection in the middle ear being more active, the exudate soon becomes purulent and a spontaneous rupture of the tympanic membrane occurs, after which the condition commonly known as "running ears" is observed.

In the diagnosis of these conditions the appearance of the tympanic membrane is an important factor and physicians in general practice should render themselves able, at least, to recognize the grosser pathological appearances of the ear drum. Under good illumination and with a moderate amount of training, this is not difficult, except in infants or very small children. With that ability, a physician when called in to treat a case of ear-ache, could distinguish between the pearly grey lustre of a normal membrane, the retraction and prominent short processes in tubal congestion, the pinkish color seen in acute catarrhal disease and the beefy redness and bluing in acute purulent otitis media. He would then know whether to proceed with his treatment for relieving pain and inflammation by hot irrigations or other means, or to seek the advice and services of an aurist.

The amount of *hearing* in children can be measured and watched by physicians even though they fail to recognize pathological conditions in the ear. As the hearing becomes affected whenever the normal ventilation of the middle ear

is interfered with, it follows that deafness is a symptom of adenoids whenever the latter cause any pressure on the orifice of the Eustachian tube. Meyer reports that seventy-four per cent of his cases of adenoid disease had more or less deafness. Dench believes that one-half of the pathological changes occurring in the middle ear are the result of these growths, and Blake claims that adenoids are responsible for eighty-eight per cent of all deafness. However, as Wood says, "not thirty per cent of adenoid children present well-developed characteristics, and so evade detection until audition has been permanently injured," and as about half of one's normal hearing can be lost before he is incapacitated for the average duties of every day life, it becomes all the more important that an early diagnosis be made.

I shall not attempt in this paper to take up *in detail* the treatment of the various aural conditions resulting from adenoids, as this lies in the field of special work, but will outline a few general principles. All obstructing or pernicious adenoid tissue should of course be removed as soon as detected. Parents are sometimes told that the operation for the removal of adenoids and tonsils is a simple one, with no attending risks to the patient. This is a very grave error, and I give one example of possible after effects taken from a paper by Lewy of Berlin on 'Complications After Adenotomies.' He speaks of "the danger in removing this chronically inflamed vascular organ, frequently containing encapsulated suppurating foci which are set free on the raw bleeding surfaces of the nasopharynx," and reports several types of complications, among which he cites a case of acute middle ear suppuration with fatal meningitis, seven days after operation.

# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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## DROPSY.

*Blatta orientalis* :—While grateful for the notes on "Therapeutics of Dropsy in June's number of the Indian Homeopathic Review, I cannot resist the temptation of writing in this connection on the virtues of *Blatta Orientalis*, which is a medicine of Indian origin. In fact, in all cases which came to my hands suffering from Dropsy of whatever origin, I tried this medicine and was much gratified at the results. Of course, Acetic acid ( in extreme thirst and diarrhoea ), *Apis* ( in thirstlessness and stringing pain ), *Apocynum* ( in constipation and absence of urine and also in new cases of Ascites ), *Arsenic* ( in thirst for little water at a time and extreme breathing difficulty or generally in bad cases ), *Digitalis* ( in slowness of the pulse ), and *Lycopodium* ( in constipation and dropsy of liver origin ) are grand in their own spheres. But there are cases where the destructive characteristics of each remedy are not traceable. In such cases I used *Blatta Orientalis* one drop a dose, from four to six doses per day, and the results were astonishing. No improvement can be expected in two or three days. But if persisted in for a

week, there is generally an amelioration of all symptoms, even of swelling. I have had such success with *Blatta*, that I consider it a prominent remedy in dropsy. I have been led to its use in desperate cases where I expected my patient to die within a week. But continuing the medicines for a month I have cured several such cases. Not long ago, the Homeopathic papers in America bristled with reports of the cure of Dropsy by *Blatta Orientalis*, when *Apis*, *Apocynum* or *Digitalis* failed and I fully endorse this view from my own experience.

In short, so long as case has distinctive characteristics of one remedy, use it. But when such is not the case, *Blatta* claims superior attention to every other guess work.

Sometimes patients taking *Blatta* complain of burning in the chest. The medicine should be stopped or the intervals should be increased.

### INSANITY.

*Sulphur*:—One milkman's niece, aged 16 was suffering from insanity when any one approached her she threw brick bats or stones. She was therefore kept tied with a rope. She remained silent and wanted to sew all the time—a favourite pastime in her sane condition. Nothing could be gathered from the case until one day the milkman said that she had been suffering since she had ceased to menstruate. I gave sulphur 200 one dose that day and *sac lac* the following five days. On the sixth day, she menstruated and two days after, she was quite in her senses.

### PARAPLEGIA.

*Cocculus*:—A mohomedan girl aged 9 or 10 suffering from extreme pain from back downwards; could not stand nor go to the lap of her father. Fever 104°. It was on the third day of the attack that she was brought to my office. I gave her steam bath and *Acquite* 6 one dose every two

hours for the whole day. The fever was off next morning and cocculus 3 for the next two days and discharged as cured.

### REMITTENT FEVER. TREMBLING.

Zincum. A kahar's wife aged 35 was suffering from Remittent fever. In the evening of the sixth day of the fever, I was urgently called. I found her pulseless and trembling violently. Temperature  $103^{\circ}$ . I thought she would not live another ten minutes. I ran to my office for Zincum 6 and gave two doses, one dose every ten minutes. After the first dose, the trembling ceased, and after the second dose pulse returned. Two hours after, profuse perspiration set in and she was free from fever. I gave one dose of Sulphur 30 next morning and she was alright.

### TYPHOID FEVER. PULSELESSNESS.

Muriatic acid. A little boy of a pleader was suffering from fever and diarrhoea for some six or seven days. He was the only boy and a famous vaidh treated him. Early in the morning I was called to see the boy. Temperature was  $104.4^{\circ}$ . Pulse very weak and quick and could not be counted. Diarrhoea. Baptisia 30 four doses. One dose even two hours. At 9 A. M. I was again called but could not attend owing to outdoor patients in my office. At 10 A. M. recalled. I saw him comatose temperature  $105^{\circ}$  pulseless. Cold water on the head and sponging the body Acid mur 6 for sliding down in bed and pulselessness, was prescribed. In half an hour temperature came to  $103^{\circ}$  and pulse returned. He got a few doses of Ipecac 6 some two days later for cough and recovered. The pleader is an ardent admirer of Homeopathy now.

J. C. GHOSAL B. A.,

L. M. E. M. •

## LYCOPODIUM.

By S. M. SEN, B. A.

Sulphur, Calcareo and Lycopodium lead the list of the antipruritics. They are also antisiphilitics and antisycotics. Not only in chronic complaints but also in acute cases they may be indicated and whenever an acute illness after progressing favourably under a remedy, fails to make any further impression or instead of curing completely has left something behind, we must then think of the latent psora. Lycop. may do the best service there if indicated.

It is a deep and long acting remedy. There is not an organ, not a tissue in the body where it does not act. Though inert in its crude state, it develops its wonderful powers when used in high potencies. As regards myself I must admit that it has many times helped me in great difficulties. Its action is rapid, deep and long lasting when repeated ( if necessary ) at long intervals about 6 week's apart.

It has many characteristics, distinguishing it from all others. I shall begin with:—

(1) 4 to 8 P. M. aggravation. Whenever a complaint commences at 4 P. M. and remains till 8 P. M. or gets worse from 4 to 8 P. M. Lycop. is very likely the remedy there. In fever the patient is worse from 4 to 8 P. M., in rheumatism, in pneumonia, in typhoid fever, in fact in every acute or chronic complaint the patient is worse at this particular period. This period of aggravation is not often from 4 to 8 P. M. exactly, but may be later or earlier in commencement and earlier or later in decline.

Another grand characteristic is its (2) direction from right to left and from above downward—the complaints begin on the right side and travel towards the left. It is a right-sided remedy but right-sidedness is not so characteristic as its direction. In all diseases whether it be headache, sore throat, chest affection, pains in ovaries, etc.—if the complaints begin on the right side and spread to the left, Lycop. must be thought of.

"Right foot hot, left foot cold" is an example of the rightsidedness of the remedy.

In Lachesis the reverse is seen : the complaints begin on the left side and proceed to the right. In Laccaninum the complaints change sides, proceeding from one side to the other and then again to the former side and so on.

(3) Lycop. patient is a flatulent one, so distended that he can hardly breathe. Carbo veg. and china are also similarly distended. In China there are constant eructations, loud and strong, and yet there is no relief, so extensive is the flatulence. In Carboveg. after belching a little there is decided relief. Lycop. stands midway between these two, there is relief after eructations but not so decisive as in Carbo veg.

(4) The patient has a great hunger but is satisfied with a few mouthfuls. Before going for a meal he feels that he has much hunger and will eat a good deal but no sooner does he take a few mouthfuls than he is satisfied, so sudden is the satiety. Often after a mere mouthful he becomes flatulent and distended, so that he cannot eat any more. I cured a case of long standing diarrhoea in a baby of  $1\frac{1}{2}$  years, suffering for about a year, being guided by this symptom of sudden satisfy which was observed only on one day. It baffled the skill of some physicians and Kavirajes.

I found the child crying and very irritable, always being carried which pacified a little and with hunger abnormally acute, wanting to get something into the mouth always. It reminded me of a case which I cured with a single dose of Cina 1000. The stools were of different colours, whitish, chalky, greenish, dark green, etc. The stools consisted of slime and shreds of spoiled milk, being Horlick's Malted Milk and cow's milk undigested. The stools were sometimes profuse and sometimes scanty and then with mucus and tenesmus (continuing even after evacuation) at the end of which a few pieces of white mucus were passed which relieved him. The passages were numerous being worse in the afternoon and evening till about 10 P. M. and again from about 1 A. M. to forenoon next morning. The patient was reduced to a skeleton with pale anæmic appearance.

I at once stopped milk in every form. Cina 200 did no good and on the next day there was a violent aggravation in the evening, a profuse, green, sour and watery stool being passed. The abdomen was distended with tympanitis which passed off after the evacuation. On closer examination I learnt that the stools were passed often involuntarily and mostly at night and sometimes after meals during the day. The patient had no aversion to being covered up (it was winter then) but desired open air. However, I prescribed China 200. On the 5th day after that there was again an aggravation in the evening with similar symptoms as before. I continued Sac lac. The next morning I happened to see the child during its meal when I observed that it refused to take more than 3 or 4 spoonfuls though apparently it seemed to have a great hunger in the beginning. On enquiry I learnt that that sudden satiety was observed only on that day. I also learnt that the patient always refused to take any cold food or drink. Throughout the whole course of its illness violent aggravations occurred every 4 or 5 or 6 days, always in the afternoon or evening, preceded by tympanitis with distension of the abdomen. I figured out this to be the 4 to 8 P. M. aggravation of Lycop. which has also aggravations after midnight and in the morning. In Lycop. the child cries all day but sleeps all night but in that case the patient went on crying whole day and night, scarcely having a wink of sleep. I prescribed two doses of Lycop. 1000 three hours apart and then sac lac. Within 5 days the stool became dry and hard. But on the 12th day the lower extremities became dropsical. The mental symptoms also grew worse at that time. Understanding all these to be the reappearance of an old symptom under the appropriate remedy I began to continue nothing but sac lac. I forgot to mention that the child had a great dropsical swelling about a month before it came to me which apparently disappeared after some medication. The next day they called in a distinguished physician of the town who affirmed all what I was doing. On the 28th day after the 1st dose I repeated a dose of Lycop. 1M and 5 weeks after that a dose of C. M.

“Dr. Clark in his Dict. of Mat. Med. gives the following as a characteristic :—

"Suddenness : sudden flashes of heat, lightning-like pains ; sudden satiety."

The next two symptoms are quite antagonistic :—

(5) Externally there is sensitiveness to a warm atmosphere, the patient is worse from heat and better from cold in general. This is to be observed especially in the complaints of the head which are worse from the warmth of bed and from heat in general and better in the open air, from uncovering the head and from cold in general.

(6) But the patient is better from hot food and drink. This does not refer to sore throat and gastric complaints alone, but to headache and any other condition. In Lach. the opposite is seen : the patient is better from cold food and drink and has spasms of throat from attempting to drink warm drinks.

(7) "In the rheumatic pains and other sufferings the Lyc. patient is ameliorated by motion. He is extremely restless, must keep turning, and if there is any inflammation with the aches and pains the patient is worse from the warmth of bed and relieved from motion, and so he will keep tossing all night. He turns and gets into a new place and thinks he can sleep, but the restlessness continues all night. Here we have the relief from motion and the aggravation in a warm room."

But the parts inflamed are often relieved by the application of heat, by hot poultices, etc.

(8) Another prominent symptom is the "fan-like movement of the *aloe nasi*" i.e. the wings of the nose move outward and inward like a fan (cf. Ant. tart.) If is found not only in the complaints of the lungs, but also of the head and abdomen. The movements are usually rapid, never slow and are not synchronous but independent of the breathing.

"The 'fan-like movement' of the *aloe nasi* led Halbert to the cure of a case of nervous asthma (H. W. XXXIII 545) Mrs. S., 28, had periodic attacks of spasmodic asthma, always ushered in by unusual excitement and attended by peculiar mental depression. The attack for which Halbert saw her was induced by a violent fit of anger, and persisted longer than usual. Extreme despondency and

melancholy, would have nothing to do with her friends. Fan-like motion of *aloe nasi*. Constriction of throat, like globus, but always induced by regurgitation of food. Excessive appetite easily satisfied. Fullness of abdomen with flatulence. Constipation, dry, hard stools. Dyspnoea. Slight cough with chest constriction. Better in open air. All symptoms are worse 4 to 8 P. M. Lyc. 6x trit., cured." Clark's Dict. of Mat. Med.

(9) The urinary symptoms present are no less important characteristics. "Aching in back before micturition." "The child cries before micturating." The urine may be clear and transparent but deposits a red sediment. Dr. Kent in his *Materia Medica Lectures* says :—

"The head in general is closely related to one symptom, viz., red sand in the urine, or red pepper deposit. As long as the red pepper is copious or plentiful, the patient is free from these congestive headaches, but when the urine becomes pale and free from the red pepper deposit, then comes the bursting, pressing headache, lasting for days. It might be said that this is a uræmic headache, but it does not matter what you call it, if the symptoms are present, the remedy will be justified."

Child screams before passing urine, but just as it begins to pass the distress is relieved. In *Sarsaparilla* the child cries before and even during the flow and there is a deposit of grey sand in the urine.

(10) Mentally the patient is silent, melancholy and of peevish humour.

There is a dread of men and dread also of solitude. "In *Kali carb.* and *Lil.* there is also a fear of being alone; *Ars.* and *Bism.* have fear and forgetfulness when alone; *Phos.* fears that something is going to happen when he is alone in a room, especially at night; *Arg N.* fears to remain alone lest he should harm himself, anxiety compels him to move about, he fears to go on a lofty place lest he should throw himself down." Clarke's Dict. of Mat. Med.

"*Hg.* has a tired state of the mind, a chronic fatigue, forgetfulness, aversion to undertaking anything new, aversion to appearing in any new role, aversion to his own work. Dreads lest something

will happen, lest he will forget something. A continually increasing dread of appearing in public comes on, yet a 'horror, at times of solitude. Often in professional men, like lawyers and ministers, who have to appear in public, there is a feeling of incompetence, a feeling of inability to undertake his task, although he has been accustomed to it for many years. A lawyer cannot think of appearing in court ; he procrastinates, he delays until he is obliged to appear, because he has a fear that he will stumble, that he will make mistakes, that he will forget, and yet when he undertakes it, he goes through with ease and comfort. This is a striking feature also of *Silicea*. No medicines have this fear so marked as these two. I have noticed that state to occur a number of times in sycotic patients, and I am inclined to think that it is a pretty strong feature in sycosis.

"The Lycop. patient often breaks down and weeps in the act of receiving a friend or meeting an acquaintance. An unusual sadness with weeping comes over this patient on receiving a gift. At the slightest joy the Lycop. patient weeps, hence we see that the Lycop. patient is a very nervous, sensitive, emotional patient. Here it is : "Sensitive, even cries when thanked."

—Kent's Mat. Med.

Besides these there are many other important characteristics in Lycop. : *Sourness* predominates—everything tastes sour, eructations taste sour, the stool smells sour, the vomiting tastes sour. In intermittent fever there is sour vomiting between chill and heat ; Nat-mur. has bitter vomiting at that period.

Milk is not at all tolerated ; it causes sourness and diarrhoea. But more likely Lycop. has constipated, dry, hard stools with ineffectual urging for evacuation.

Dr. Clarke says in his Dict. of Mat. Med.—"Lycop. is very prone to cause aggravations, especially when highly attenuated, and hence it is necessary to give it with caution. Unless the indications are quite clear it is better to start a case on an allied remedy. I gave Miss E. Lycop. 30 for constipation. Soon after taking it she had pains in upper abdomen in all directions ; urging to stool without ability to

pass it ; much flatus which could neither be got up nor down. Lyc. 1M was now given, a few globules dissolved in water, a teaspoonful at bedtime. All symptoms vanished. On rising a second teaspoonful was taken, and after this the bowels were well relieved. On another occasion she took Lyc. 1M in the evening, and immediately felt her throat tight and uncomfortable ; but this passed off and she went to bed. At 5 A. M. she woke with choking ; had the greatest difficulty in getting her breath. She managed to reach a bottle of Bell. 3, and a dose of this relieved her at once.—A patient for whom Lyc. 5 had, to her great delight, reduced the gouty swellings about her finger joints, till she could get rings on she had not been able to wear for years, was obliged to discontinue it on account of the distressing headaches it caused.—Mr. W. had every Sunday afternoon attacks of pain like biliary colic. They came on at 5 P. M. and lasted till 1 A. M. The pain started from right of gall bladder, travelled to middle line, and then passed downwards. In the attack he was cold and yet sweated. Bowels constipated. Lyc. 1M., one dose every alternate day. A powder of the same was given to be dissolved in water, of which a teaspoonful was to be taken every twenty minutes in the event of an attack. During the week he felt better, but on the next Sunday he had the worst attack he had ever had, and the Lyc. given to be taken frequently did not relieve at all. Nux 30 was next given night and morning. The next Sunday was passed without any pain, and he felt much better generally. Cases of this kind could be multiplied indefinitely, and I have known some very good prescribers almost abandon this remedy on account of unexpected aggravations."

Methinks Lycop. in high potencies causes aggravations, like all other remedies, *when most indicated* ( not when partially indicated ) and *when administered just before or during the period of its aggravations* or *when there are deep-seated organic changes*. *Frequent repetitions* also often cause an aggravation. The lower the potency, the less the likelihood of aggravations, if caused at all.

In a case of cystitis with bloody urine in a woman of 16 years where I prescribed two doses of Lyc. 200 depending mainly on 4 to

8 P. M. aggravations and satiety of excessive hunger after a few mouthfuls ; there was an aggravation, lasting for some hours, which was followed immediately by a rapid cure. On enquiry I learnt that the doses were given in the evening, just during aggravation. —In a case of ascites in an old man, the indications of Lyc. seemed to be clear and distinct. A dose of the 200th potency was followed, a few days after, by violent sufferings. In a few days the patient changed my hand.—A case of gonorrhœa of about a year's standing, I cured with two doses of Lyc. 200 (given 4 weeks apart) without any aggravation at all.

I now put in here the case of my daughter who was suffering from an attack of parotitis. She was aged 5 years, was suffering from low fever with enlarged spleen and liver and under the influence of China 200 was recovering gradually, when she felt a painful inflammation of the right parotid gland. Failing to gather her symptoms in full I prescribed a dose of Merc. iod. 1M. On the second day there was an exposure of dry cold and in the evening the inflammation became very painful with much irritability of temper. A hot poultice of linseed seed was applied locally and Hepar Sul. 200 was prescribed. For 2 days after that the pain seemed to be less but without any diminution of the inflammation. A dose of Sulphur 200 failed to produce any reaction. Then I observed that her pains became worse in the afternoon with rise of temperature and were ameliorated sometime after 8 P. M., that she had a great longing for the open air, that the inflammation had left the former seat and was gradually proceeding downwards and towards the left and had attacked the submaxillary glands, that she demanded a large quantity of food during meals but seemed to be satisfied with a few mouthfuls. I at once prescribed, as soon as the period of aggravations was over (i. e. about 9 P. M.), a dose of Lyc. 200. The effect was striking and rapid and within 3 days no trace of the inflammation was left.

Chelidonium is a remedy which has many symptoms in common with Lycop. Both are *right sided* remedies ; in both all the complaints, the head, chest, stomach, etc. are *better by hot food and*

*drina* ; in both there is a marked *aggravation at 4 P. M. and afternoon*, both have *fan-like movement of the alæ nasi* ; in both *heat causes aggravations* of the head symptoms. But they have also peculiarities of their own, besides some contraries.

*Lycop.* has sour taste of the mouth, *Chel.* bitter ; *Lyc.* has rumbling in left hypochondrium and fullness even after a small quantity of food, while in *Chel.* the complaints especially nausea and the gastric symptoms are better after eating ; in *Lyc.* milk causes sourness and diarrhoea, in *Chel.* it decidedly ameliorates the stomach symptoms, especially if it be hot, the pains of *Lyc.* are relieved by motion, those of *Chel.* are worse from the slightest motion ; in *Lyc.* right foot hot, left foot cold, in *Chel.* right foot cold as ice, left natural. *Chelidon* is scarcely called for in deep seated chronic conditions.

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## INDICATIONS FOR, AND MY EXPERIENCE WITH, PHOSPHORUS, IN PNEUMONIA.

( *Continued from page 248, No. 8, Vol. XXIII* )

Other nasal obstructions such as a hypertrophied inferior turbinate, deviated septum or spur, must be corrected. Often, if the adenoid has been present long enough to cause pathological changes in the orifice of the Eustachian tube, these must be treated after the offending organ has been removed, the chief object being to re-establish proper ventilation in the middle ear. In this connection, as mentioned previously, Holmes reports remarkable success by treating the tube locally by the aid of his specially devised instrument. Sometimes simple inflation will accomplish the desired result. I believe in the majority of cases, where the hearing has been affected by the presence of adenoids, that the removal of the growth will not in itself be sufficient to restore the normal hearing, but that with a free, healthy nasopharynx the ears can be treated

locally; *e. g.* adhesions stretched or broken, and the drum-head restored to its normal position, etc. with gratifying results and lasting benefit. The removal of obstructing adenoid tissue will not always cure a discharge from the middle ear, especially if chronic, but, to use an expression of Dr. Bellows, it is the "foundation work" necessary before beginning to treat the abscess locally.

The subject of adenoids and their effects on children is being taken up today in the public schools, along with other advances in medical supervision, and the present day medical inspector is in a position to prevent and correct a tremendous amount of nose, throat and ear disease. Statistics show that from twenty to thirty per cent of school children have adenoid growths, but that not one-fourth of these children present well-developed aural symptoms and thus avoid detection until much damage has been done. In 1907, 402,937 children were examined in Massachusetts for defective hearing, and 27,387, or six and three-tenths per cent, were found to have some impairment. These cases were not all caused by adenoids, however, as blows, pulling the ear, foreign bodies, "colds," and infectious diseases were given as other causes. This is a low rate, as some observers give as high as twenty per cent with aural complications. Children of seven or eight years of age were found to show more of these defects than those of any other age. Adenoids have been found in about fifty per cent of deaf mutes and are, no doubt, one of the causative factors of that condition. Woakes, of London, thinks that in England twenty per cent of the cases of enlarged adenoids have aural disease. In New York City in 1907, of 7,608 school children examined, 2,159 or about twenty and one-half per cent had enlarged adenoids and tonsils. I found last year that of 240 children examined in the lower grades of the Dedham Public Schools, 61, or twenty-five

and five-twelfths per cent were suffering from obstruction. A child thus affected is doubly handicapped in his school work, for, in addition to his repeated absences, due to frequent attacks of "head colds" and ear-aches, he is, when present, further placed at a disadvantage through his inability to hear what is said in the class room, and soon comes to be looked upon by the teacher as stupid. This is usually an unjust though perfectly natural conclusion.

The figures just given show very forcibly, it seems to me, the frequency and importance of these conditions and in closing I wish to emphasize three points :

(1) The importance of early diagnosis of obstructive or diseased adenoid tissue.

(2) The need of careful and frequent testing of hearing in children.

(3) The necessity of determining and removing the cause, whether adenoids or not, of every discharging ear, as such a condition is a menace to the health and even the life of a child, until it is cured.

—*The New England Medical Gazette.*

## ALLCEOPÆSIS, OR VARIETY OF ACTION IN CRUDE AND POTENTIATED MEDICINES.

B. FINCKE, M. D.

### Statement of Hahnemann's Views.

Bonninghausen intimates (Aphorisms) that Hahnemann, who translated the *Materia Medica* of Cullen, and probably also read his theoretical and practical elements of medicine, where the contrariety of large and small doses of medicine is explained by a general law of the human economy. By this law the forces injurious to the system evoke in it such processes as can prevent and annihilate their noxious effects.

This is the healing force of nature ( the *vis medicatrix naturæ*), and probably many of the motions excited in fevers are effects of this natural force.

Hahnemann, in his "Essay on a new principle for the exploration of the medicinal forces of the medicinal substances, with some glances\* at the former<sup>p</sup> principles," published in 1796\*, which contains the first public announcement of the discovery of the Homeopathic principle, also gives his first view on our subject in the following words : "I. Most medicines have more than one action, a *direct* initial one, which gradually passes into the second ( I call it *indirect* after action). The latter is usually a state directly opposed to the first. II. But few medicines make an exception, and continue their initial action uninterruptedly, but in an equal manner, though in decreasing degree, till nothing more is to be felt. Of this kind are the metallic (and other mineral ?) medicines, *e. g.*, arsenic, quicksilver, lead, etc." †

In the preface to the *Fragmenta*, in 1805, Hahnemann says : "Any medicine produces its actions, some sooner, others later, both of which are somehow opposed to each other and unequal, yea, in diametrical opposition ; those actions I term *primary*, or of the *first order*, and these *secondary*, or of the second order."

"Some drugs I have observed to operate in the course of two, three and more paroxysms, comprising both primary and secondary actions ; the former, however, in general, at first, the latter afterward."

"But by moderate or small doses, no other than actions of the first order appear, less of the second order. The former I have mostly cared for as best adapted to the exercise of the healing art, and most worth knowing."

In the first edition of the *Organon*, in 1810, §92, Hahn-

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\* Stapf's, *Lesser Writings*, I., 135.

mann says : "The circumstance that the succeeding negative, as they may be called, or secondary symptoms, mostly occur from very large doses, and become less the smaller the dose is, shows that the secondary symptoms are a sort of after-disease, which arises after the use of large doses when the initial symptoms (positive or primary symptoms) have passed a sort of opposite state." And §112, "the lesser the doses, the lesser the secondary symptoms."

Thus far the diversity of action is stated as the observations warranted it, without going on theoretical ground. But in the second edition of the Organon, in 1819, Hahnemann tries the theoretical explanation in §74 seq, where the after action of the medicines is laid to the actively roused life force, which, at first passive, asserts, as it were, its manhood in producing the after action. This is always opposite to the first action and proportioned to this, and to the potentiality of the life force. Examples follow in confirmation. All these sections have gone through the following editions of the Organon, and are also reproduced in the fifth, before us, with the exception that in the fourth and fifth editions the sentence is added, "that where there is not such a contrariety of action, the life force tries to indifferently itself in resuming the normal physiological action." In connection with this subject, it may be remembered that Hahnemann assigned to the life force the high position of a ruler of the organism, first in 1829, in the preface to the fourth edition (§9), and later, 1833, in the text of the fifth edition.

#### Criticisms of Hahnemann's Disciples.

As early as 1834, Hering denied the assumption that the after action is a reactionary phenomenon of the life force, and he accepted the most decided after actions of every remedy for healing (*Neues Archiv*, I., 3, P. 167). So much so that

he proposed the rule : the more lasting and permanent, and the more opposite these later after actions are, the more useful they are for healing. Here we may add for further reference the other proposition (*ib.*, p. 175) : "All symptoms from provings with higher potencies are equal to the after actions of the lower or so-called stronger doses, but they are not equal to their primary actions." In his epilogue to the proving of Coca, "to this class (the secondary symptoms of Hahnemann) seem to belong all symptoms caused by proving with the higher potencies."

Bonninghausen accepted the Hahnemannian theory without reserve. His reason for the application of the small dose is : "Since the healing, *i. e.* the healing after action, is the aim of the physician, the medicine must be given in such a manner that the first action is as mild and rapid as possible, in order to prevent an unnecessary and injurious prolongation of disease."

Trinks, the inveterate enemy of infinitesimals, admits no discrimination between first and after action, but all the phenomena following a medicine are its peculiar action, if they last ever so long. If the after action occurs, it is a sign of the cessation of the action. At the same time, he acknowledges the alternate actions. But in fact, this cessation is the Hahnemannian reaction of the life force. Similarly,

Hirschel places the continued phenomena of artificial disease in the after action in the reaction of the life force, which is returned by the medicine, and hence presents the opposite state to the initial phenomena.

Grauvogl says substantially the same, when he calls the after action the consequence of the necessary condition of the existence of the organism. Hence the after actions are never useful for healing because they belong to convalescence. First action and alternation of action are hypothetical relative notions without value.

Jahr likewise accepts Hahnemann's view, but both first and after action are free self-acting effects of the organism and not of the medicine which plays only the role of the exciting cause. Every after action is a counteraction of the organism consequent upon the morbid process.

Fincke gave his opinion in 1866, in some observations attached to provings of Camphora and Cuprum met. in high potencies.

"6. Inasmuch as it is impossible to assign the precise limits between primary and secondary symptoms, it appears to be inappropriate, for practical use, to divide upon the theoretical distinction between primary and secondary action. From the rapidity of action of Camphor, Hahnemann himself inferred, that it is most difficult to understand, because the primary, secondary, and alternate actions run into each other.

"That division is made on purely theoretical grounds, for in the given case, nobody can practically sever the primary action of the remedy from the secondary action of the organism. The fact is, that what we observe after the taking of a remedy is already the result of the mutual action of the remedy and the organism; and hence it cannot be said to belong to either the one or the other. They both combine in order to give the observable symptom, and all we know of the remedy after its susception, is the symptom appearing in the subsequent change of the state of the organism, from health to disease. Now, this mutual action between organism and remedy actually continues as long as there is anything of the remedy or the force it exerts, being left, and able to cause a change. And from this continued action we have a series of actions and reactions or mutual actions, the terms of which are indicated by the symptoms appearing from time to time.

"7. When in the course of time, opposite or contrary symptoms make their appearance, as is frequently the case, it does not follow that this is a secondary action. Nor is it a secondary action when the organism tends to 'indifferentiate itself (Org., §64); that is to prove its overweight by extinguishing the change caused from outside (by the remedy), which is what Hahnemann rightly calls only a 'Nachwirkung,' i. e., an after action, simply following the 'Erstwirkung,' i. e., first action, in the order of time.

"All the symptoms indicating the actions of a remedy in the organism are as one continuous curve, which may assume all possible shapes, including the contrariety of action as well as the actions tapering out to nothing, going on sometimes in a circle to its speedy termination, sometimes to a slower and more tedious end in a more or less irregular line, frequently receding, and sometimes even assuming similar forms.

"8. From these considerations it follows, that all the symptoms appearing in a healthy body, after the remedy has been taken, and every one of them have equal pathopoetic and hygiopoetic value, being as curative in a given similar pathematic case as it is probative in the present pathopoetic; always provided that precautions have been taken against other pathopoetic influences, affecting the organism during the time of the proving.

"And here it will appear, how absurd it would be to take such a symptom, for instance, as the death rattle as diagnostic for cure by Camphor or Opium, because they, on poisoning, produce a similar death rattle.

"Nobody can blame Homeopathy, if, notwithstanding the truth of the principle *Similia Similibus Curantur*, it cannot always save the patient after a protracted or fatal disease. For in such cases, the potentiality of the organism is too low

to admit of the proper mutual action between organism and remedy, and hence the mutual action cannot take place at all, even if the remedy be suscepled at all. Where the potentiality of the organism is high enough for admitting the mutual action requisite for cure, there the infinitesimal dose of the simile will certainly cure the similar rattle, and thus prevent its becoming a death rattle.

"Thus it is explained how symptoms resulting from poisonous doses are made available for cure.

"9. Hering and Bonninghausen found that those symptoms which are the last to appear in a proving are the most valuable because they are characteristic of the remedy. This observation has been confirmed by competent observers, and it strengthens our proposition. At the same time it admonishes us to multiply provings by the potencies in single doses, with sufficient time for the full sway of their actions in order to ascertain the proper and characteristic action of the remedy."

In 1875 a report of the Bureau on Materia Medica was presented to the Institute by Dr. Dunham, but not printed in its transactions, as excluded by the laws of the Institute. The papers contained in it on primary and secondary symptoms, however, found their way in print in the journals from which the following is quoted :

Dunham rejects also the theory of the life-force producing the after action, but accepts the facts. No law of the dose can be deduced from the relation of the contrariety of symptoms.

T. F. Allen arrives at the conclusions: The primary effect of large doses is, in reality, a secondary effect of the drug, and the reaction following exhibits genuine primary effects. Similar doses develop in least susceptibility first primary, in greatest susceptibility first secondary effects.

In any given individual the smallest dose develops first primary symptoms, the largest dose first secondary symptoms.

McGeorge calls primary the symptoms appearing first as to time, and secondary appearing after the disappearance of the primary symptoms, and these latter are of as much and more value than the primary. The low potencies produce the medicinal action first which we do not want, while the high potencies produce the curative effect at once.

Sharp acknowledged the contrariety of action in large and small doses, and called it antipraxy, our *antipoesis*, and the alternate action, dipraxy, is our *diapoesis*. He sums the thing up: small doses have one direction, large doses have the opposite direction, and middle doses have both actions, as the judge who gave both parties the right.

#### Allopathic Views.

Now to the allopaths who begin to make much of this contrariety of action by which they think of capturing our citadel.

Dr. Winkler wrote a valuable essay, in 1861, on our subject, which he called the law of reciprocity, and gave the actions of most of the medicines which showed this law in their action upon the organism. He came to the conclusion, that by this law he had reconciled Allopathy with Homeopathy, because it showed that "Allopathy had recognized the right goal and Homeopathy the right way" for healing, which, at any rate, is complimentary on the part of an allopath.

But now a Greifswald professor, Dr. Hugo Schultz, who has for several years made provings on the healthy, after his own fashion, comes out and tries to steal the thunder of the homeopathic Thor by the following conclusions:

- I. "The efficaciousness of a medicament depends in the

first line upon the nearer or wider relation existing between it and the organ."

This means our homeopathicity between medicine and organism.

2. "The physiological action of a medicament upon an organ, however, is dependent upon the quantity of the remedy in such a manner, that, according to the quantity actually working, phenomena appear which find a complete analogy in the "Zuckungsgesetz."

This law, evolved by electrical experiments upon living nerves by Pflüger, has been announced as the fundamental law of Biology. It is this: *Feeble stimuli excite the vital activity, middle-strong ones promote it, strong ones check it, and most strong ones extinguish it.*

"Of what gigantic signification this law must be for our entire therapy, especially the one conditioned by medicaments, is self-evident," exclaims an enthusiastic member of the pernicious, mingling sect in the *Berlin Zeitschrift*, and he continues: "The individualization in the treatment will have to become the common property of the physician, more than has hitherto been the case, and the administration of the well selected medicaments in small doses will have to be practised much more frequently than presently is believed." But what he means by small doses appears, when he says: "With Fowler's solution, one to one and a half drops, I have in a single case gained more, perhaps, than with the recommended administration in gradually increasing dose to three times daily, of five, six and eight drops."

Later on we are told by this progressive would be homeopath: "Then we need not believe in a mystic force which waves around the higher potencies, but the appropriateness of their applications follows exceptionally from Pflüger's law in its application to the sick cell, resp. the sick organ." He

evidently has not studied the Organon, or he would find there Pflüger's law already in the observations on the actions of medicines and their relation to the organism, not merely the sick cell, or the organ.

### Quotations from Hahnemann.

Let us now proceed to the facts upon which Hahnemann built his hypothesis of the reaction of the life-force in the after action of some medicines.

Org. §65. "After deep, stupefying sleep, caused by opium ( first action ), the ensuing night becomes more sleepless ( counteraction, after action )."

Mat. Med. I. p. 265. "Opium produces in the first action symptoms of excitation, in the after action of depression."

P. 266. "In large doses the symptoms rise to a dangerous height, and in stormy haste are mixed frequently with after actions or passing into them."

P. 270. "Almost only opium produces not one single pain in its first action."

P. 271. "All the pains palliatively removed by depression of sensation and by its stupefying power of any duration return immediately, when the stupefying first action is passed and at least as strongly as before."

P. 275. These rare, momentary, primary reactions correspond almost entirely with the after action of the organism after opium, and are, so to say, a reflection of this after action : pallor, coldness of limbs, fearful anxiety, trembling, mucous stool, momentary vomiting, hacking cough, or, very seldom, this or that pain. These symptoms occur in very excitable persons, and those not used to it, but more in very large doses ; but on account of their short duration or variety or of their nature, they must not be confounded with the peculiar first action."

P. 276. "The Oriental debauchees in opium are, after the sleep of opium intoxication, always in a state of the after action of opium ; their mental powers are weakened very much by the frequent habit. Chilly, pale, bloated, tremulous, discouraged, weak, stupid and with a visibly anxious inner ill-feeling he staggers to the opium joint in order to take his quantity of opium pills and to give his blood again acceleration and warmth, to refresh his sunken, vital spirits, to reanimate his frigid imagination with some ideas, and palliatively to procure some activity to his paralytic muscles."

"The symptoms in the provings below are mostly after action and counter-action of the organism."

P. 280. "Ecstasies of mind and spirit are rapidly passing first actions."

P. 287. "Loss of memory is after action."

P. 291. "Terrible pains like labor pains in the womb ( after 15 minutes ). Terrible pain in the rectum as if pressed asunder ( after four and six hours )."

P. 309. "The exciting symptoms in opium users and timid persons are palliative first actions."

P. 310. "The palliative first action of opium makes the Turks courageous and mad, upon which, as after action, discouragement and stupefaction follow."

Org. §59. "Against awakening every night they gave Opium, which, according to its first action, produced a stupefying sleep, and the following night, as after action, a greater sleeplessness."

"To chronic diarrhœa they opposed Opium, the first action of which is constipation, and soon after the diarrhœa returned worse than before."

"Violent pains were suppressed by stupefying Opium, but they returned worse than ever."

Mat. Med. IV., P. 150. "This substance, Camphor, is, in

its action, extremely enigmatical and difficult to prove, because its first action frequently very rapidly alternates and mixes with the reactions of life ( after action ), as in no other medicine, so that it is often difficult to discriminate which may be the counteraction of the body, or the alternate action of Camphor in its first action."

Chron. Dis., III., P. 231. Digitalis. "The true homeopathician shall never, as the old school did, deem it indicated *e. g.* in a rapid pulse ; because in its first action, the pulse is uncommonly slow ; and hence, in its after action, the more rapid as the counteraction of the life force."

Org., §112 "These symptoms opposed to the first action or to the proper inworking of the medicines upon the life force are the counteraction of the life force ; its after action of which, however, in moderate doses, for proving upon healthy bodies, rarely, or almost never, the least is to be noticed and in small doses not at all."

§ 114. "These narcotics excepted, the first action is only observed from moderate doses.

§ 137. "The more moderate the doses designed for provings are, the more distinctly the first actions appear, and no after actions of the life force."

Mat. med., II., p. 274. Pulsatilla. "Since the provings were made with very moderate and small doses, the symptoms are, almost without exception, first actions.

## HYSTERIA.

BY DR. ORESTES L. GARLINGHOUSE, IOLA, KANSAS.

Hysteria from the Greek *histera*, meaning womb, a disease mainly of young women, characterized by lack of control over acts and emotions, by morbid self-consciousness, by exaggeration of the effect of the sensory impressions and by simulation of various disorders. Everybody who has ever practised medicine has seen hysteria.

Symptoms of the disease are hyperæsthesia, hypersensitiveness, pain and tenderness in region of the ovaries, spine and head; anæsthesia and other sensory disturbances; choking sensations; paralysis; tonic spasms; convulsions; retention of urine, vasomotor disturbances; fever, hallucinations, catalepsy and development toward hystero epilepsy and Jacksonian epilepsy.

Hysteria-major is hystero epilepsy. Hystero-epilepsy is the severe type of "hysteria with convulsions," simulating those of true epilepsy. At first here occurs loss of consciousness, followed by stage of violent spasmodic movements and mental disturbance.

Hysteria-minor is hysteria with mild convulsions in which "consciousness is *not* lost."

For convenience we may classify as follows:

A—Primary (appearing at adolescence).

B—Hystero (with reflex symptoms associated with disorder of the generative organs).

C—Climacteric.

D—Traumatic. Cervical lacerations, etc.

E—General spinal irritation (spinal anæmia, hyperæmia).

F—Anxiety neurosis (becomes possessed of a fixed idea generally of having committed a wrong).

G—Angiopathic (nerve supply of blood vessels affected, causing a sensation of beating or pulsation involving the whole body; demography).

THE CAUSES of hysteria are as follow—

A—Hereditary nerve sensitiveness, inter-marriage of relatives and inter-marriage of the very nervous types.

**B—Overwork or worry.**

**C—Shocks (with or without injury).**

**D—Infection—ovarian and tubal.**

The ovarian infection is caused most frequently by infection from physicians' dirty instruments, in gynæcological treatments, causing large or small ovarian cystoma, which cystoma alone, if not removed, will cause severe and dangerous types of hysteria, hystero epilepsy, and soon will develop true Jacksonian epilepsy; also ovarian and tubal cystoma and infective salpingitis caused by abusive and frequent, disgusting abortions and miscarriages; and by various types of venereal infections, which is the rule rather than the exception that hystero epileptic symptoms and conditions develop, frequently the sole cause of Jacksonian epilepsy.

**E—Abuse of stimulants or narcotics.**

**F—Abuse of sexual functions, sexual excesses and bad effects of suppressed sexual desires.**

**G—Abuse of digestive functions.**

**Differential diagnosis.**

**A—Exclude hypochondriasis, melancholia, incipient paresis.**

**B—Prognosis guarded as to complete cure; it may last for years.**

Many physicians are prone to treat hysteria just as lightly as do the laity, who are ignorant of the meaning and translation of these characteristic phenomena. Some good authors hold that "hysteria is not a disease but a temperament," as do some physicians agree: while in truth and reality it should be a condition for our most careful thought and consideration, our differentiation, our etiology, our diagnosis, our prognosis and our treatment.

Bartlett says, "Hysteria, strictly speaking, is not a disease, but a temperament, and its successful treatment depends upon the successful application of suggestion. Of course, all persons of hysterical temperament do not present symptoms sufficiently severe to demand the services of a physician. Nevertheless, any one who has much to do with the treatment of such patients cannot help noting the disposition to exaggeration of symptoms is present.

whatever may be the nature of the illness. To manage such patients successfully, one is obliged to be positive and adopt every device to save the patient from her own imaginings. Neurasthenia, as its name signifies, is nerve exhaustion, and is managed for the most part by applying the principles of rest.

The prophylaxis and the treatment of hysteria demands correct ideas as to the etiology of the disease. As I have already stated, the hysterical temperament is the first factor. This cannot be cured ; but it can be controlled ; especially in young subjects. The various exciting causes which have been brought forward to explain the occurrences of the illness would be inoperative in normal individuals. Bad educational influences constitute a most important cause ; indeed it is one which the family practitioner has within his control, if he will but assert himself tactfully and positively. The hysterical girl is taught by force of example to watch and magnify every unimportant ache and ill, and to direct mind to self ; permitted to lead a life of selfishness without the pursuit of any praiseworthy aim or occupation, very slight emotional influences are sufficient to call forth the wildest hysterical manifestations.

No consideration of the prophylaxis of hysteria can be complete without reference to its alleged relationship to utero-ovarian disease. In former years hysteria was regarded by all as a disease of the female generative system, an opinion that gave it the name by which it is generally known. Recent clinical observations show most conclusively the fallacy of such notions and assign the cause of hysteria to the nervous system. In favor of the utero-ovarian origin of hysteria are the following statements : In many instances, an alleged ovarian tenderness is present, aggravation of which, by pressure, is sufficient to bring on a paroxysm ; during paroxysms ovarian pressure sometimes puts an end to the seizure. In many cases it is not pressure on the ovary alone that is sufficient to precipitate or put an end to an attack, but pressure in quite widely separated localities has a like effect. The improvement following oophorectomy and other surgical operations is not always proof of the special value of those procedures.

There is one thing which the physician should never do when consulted by a hysterical patient, namely, to pass the illness off as mere nervousness and dismiss the case with the advice, "Forget it." Just as certainly as such advice is given, will another physician be consulted. Fanciful though the patient's ails may be, she is nevertheless sick, and requires help. If she cannot get aid from one physician, she will get it from another.

Isolation is necessary to some extent in all cases. In severe ones it must be carried to the degree of removing the patient from all friends and relatives.

The next element is the rest treatment.

Some cases require restricted rest only from the beginning. Other cases are not sufficiently ill to require absolute rest.

*Electricity*—The electric treatment is carried out with a twofold object. First for the relief of special symptoms, in which cases the ordinary rules of electro-therapeutics are used as guides; and, secondly, as an aid to massage, in giving the patient sufficient exercise. A large amount of time and space has been devoted to describing the wonderful cures that have been obtained from the use of high frequency currents in the treatment of hysteria. As a matter of fact, very few cases of hysteria should be treated by means of this form of current. A low blood pressure is usually present in cases of hysteria. High frequency currents tend to lower blood pressure still more and this fact must not be lost sight of. Static electricity, which raises blood pressure, is really the proper modality to employ. Some physicians employ high frequency currents in hysteria for the psychic effect. The static machine will produce all the psychic effect needed, together with the proper effect on the blood pressure.

Last, but by no means least, comes the diet. This should be conducted with the view of getting the patient to partake of as large quantities of food as possible selected by the physician.

Ignatia stands at the head of the list of hysterical remedies. This position it merits by reason of its symptomatology. No remedy has better developed it than the globus hystericus or the charac-

teristic headache, which has been compared to a sensation as a nail driven into the head (*clavus hystericus*). Following the seizure, there is a profuse flow of urine of low specific gravity. Ignatia is one of the important remedies for the convulsive manifestation, being indicated in a very large proportion of truly hysteroid seizures. The mental condition of the patient is very uncertain, being characterized by alternate periods of laughing and crying; she is of a very emotional temperament. The etiology of the Ignatia case is grief which the patient is very fond of nursing.

Moschus. Special symptoms calling for it include profuse pale urine, globus hystericus, headache, violent eructations of gas, uncontrollable laughter, alternate moods, sexual desire increased even to nymphomania, hiccough and bad temper.

Asafœtida may be used for both the sensory and motor symptoms.

Valerian. The sphere of this remedy is best described by Dewey: "The patient must be kept continually on the move; but exertion causes headache, and the slightest pain causes fainting. There is a sensation as if something warm were rising from the stomach, this causes a difficulty of breathing; there is also present fear, tremulousness and palpitation. There is a state of nervous excitement; the patient is apt to be joyous, lively and talkative."

Pulsatilla. The mental condition under this remedy is one of depression, but the patient inclines to weep in the presence of others and seek sympathy. Changeability of symptoms is apt to appear at puberty.

Jousset gives the most complete resume of the homeopathic literature of the therapeutics of hysteria from which the following summary was prepared:

Convulsive Form—Ether, chloroform, Moschus and cold water.

Hystero Epilepsy. Calcarea carb., Causticum, Cuprum, Ignatia, Nox vomica, Cocculus, Tarentula, Belladonna, Stramonium and Hyoscyamus.

Hystical melancholia with suicidal tendency. Ignatia, Conium, Calcarea carb., Arsenicum, Pulsatilla and Mercurius.

Hysterical melancholia with homicidal impulse. Arsenicum, Mercurius, Platina.

Hysterical restlessness. Ignatia, Tarentula, Hyoscyamus, Stramonium and Cannabis Indica.

Hyperæsthesia. Aconite, Belladonna, Nux vomica, Ignatia, Sepia and Tarentula if the hyperæsthesia is cutaneous. Nux vomica, Ignatia, Plumbum, Pulsatilla and faradism if it is myalgic.

Paralysis. Aconite, Arsenicum, Aurum, Mercurius, Hyoscyamus, Ignatia, Nux vomica, Plumbum and Kali bromidum, if anæsthesia is the prominent feature.

Ignatia, Nux vomica, Cuprum, Tarentula, Cocculus, Plumbum and Conium, for hysterical paraplegia.

Contracture. Cocculus, Cuprum, Lycopodium, Mercurius, Ignatia. Zincum and the Solanaceæ.

Rhythmical Chorea. Actœa racemosa, Causticum, Chamomilla, Lycopodium and Tarentula.

Pseudo-Meningitis. Cuprum, Ignatia, the Solanaceæ, Tarentula, and Stannum.

Lethargy. Belladonna, Chamomilla, Cuprum, Mercurius, Tarentula, and Magnesium.

Cough. Tarentula. Corallium rubrum, Cuprum, Ambragrisea and Viola odorata.

Palpitations. Aconite, Moschus, Tarentula, Nux vomica, Platina and Hydrocyanic acid.

Syncope. Aconite, Nux vomica, Cuprum, the serpent venoms and Apium virus.

Anorexia. Chamomilla, China, Cocculus, Conium, Ferrum, Ignatia, Dulcamara, Magnesia carb., Mercurius, Muriatic acid, Aconite and Pulsatilla.

Vomiting. Nux vomica. Graphites, Plumbum, Opium, Petroleum, Pulsatilla, Creasote. Sepia and the Iodides.

Pseudo-peritonitis. Belladonna, Veratrum and Colocynth.

Tympanites. Taraxacum, Chamomilla, China, Lycopodium and Carbo veg.—*The Homeopathic Recorder*.



# THE INDIAN HOMEOPATHIC REVIEW.

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collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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## STICTA PULMONARIA—A STUDY.

Sticta belongs to lichens. The tincture is made from fresh lichens grown on sugar maple. Its clinical applications are not wide and extensive, but it is a valuable remedy where indicated by symptoms.

The first impression of its usefulness we get from its action on the respiratory organs, viz: nose, throat and chest. Hence it is a good remedy for nasal catarrhs both acute and chronic, influenza, hay fever, cough, whooping cough, cough of consumptives and troublesome cough after measles.

We have the following symptoms in our Materia Medica.

Constant need to blow the nose, but no discharge on account of dryness of mucous membranes. Nose stuffed up. Almost incessant sneezing. Acute coryza with fever. Chronic catarrh of head. Influenza, secretions dried up forming scale in the nose, deglutition painful; irritation of chest.

Tickling in larynx and trachia causing cough; clergyman's sore throat, characterized by great dryness of mucous membranes.

Cough dry, aggravated in the evening and night; the

patient can neither sleep nor lie down. Severe dry, racking and splitting headache.

Barking cough like whooping cough after catching cold and after an attack of measles.

Cough with diarrhoea aggravated in the morning, oppression of chest. Sudden pain in the chest from sternum to spinal column, aggravated on movement. Difficult breathing and speaking. From these symptoms, we are led to use *Sticta* in various affections of the respiratory organs from catarrh of the nose to serious forms of bronchitis. Nasal secretions suddenly dry up and cause difficulty in breathing. The patient is inclined to bore the nose, and put his finger into the nasal cavity to relieve the stoppage of the nose.

In these cases it resembles *Kali bichromicum*, but in the latter, clinkers are formed very hard and sometimes bloody.

In catarrh there is headache or heaviness in the frontal sinus, at the root of the nose. Very seldom *Sticta* has fluent catarrh of nose. We have been able to cure many cases of coryza, dry and stuffy and those which are attended with cough.

*Sticta* is decidedly an efficacious remedy in troublesome cough. We have used it very frequently after failing with *Bryonia*. Though finer indications are marked between these two remedies, their resemblance is also great and distinct. It is indicated in cough aggravated both morning and evening. The cough after an attack of measles often becomes very obstinate and troublesome and when *Pulsat* and *Bryonia* fail to give relief, we prescribe *Sticta pulmonaria* with decidedly marked effect.

Dr. Blake recommends *Sticta* in cases of cough in consumption and Dr. Nash says that *Sticta* cough is at first dry, but later on may become loose; hence it is often found of use in incessant, racking, wearing coughs of consumptives.

**Sticta pulmonaria** is very useful in rheumatic affections both acute and chronic. Here we have the following symptoms. Rheumatism in right shoulder joint, deltoid and triceps, extending at times to forearm ; commencing at night ; arm nearly helpless. Rheumatism of three months' duration of wrist joint was cured by this medicine. It was swollen, red and painful on movements.

Rheumatism, larger joints are principally affected ; dull, heavy pains ; no appetite and restless nights.

In severe inflammatory rheumatism of knee and ankle joints **Sticta** is very efficacious. Large swelling over the patella, knee painful, especially in joints, which is stiff, particularly bowing at a few minutes ; must stretch leg or get up and move about for relief. Bursitis of knee joint, simple or diffused. We have never seen it used in cases of rheumatism and bursitis and request homeopathic physicians to use it in such cases.

There is a peculiar symptom of this remedy which we find recorded in our *Materia Medica*,—that is a general confusion of ideas, legs felt as if floating in air ; she felt light and airy, staggering gait. Dr. Nash says such sensations are often found in hysterical conditions and are very distressing. I have found **Sticta** promptly curative in inflammatory rheumatism of the knee joint. It is very sudden in its attack and unless promptly relieved by **Sticta** will go on to the exudative stage and become chronic in character. In one case pain was so severe that the patient, though a strong resolute man, became delirious with pain.

Its complimentary medicines are **Drosera**, **Bryonia**, **Rumex** and **Sambucus**.

Lower potencies we generally use.

P.

## PARTIAL PROVINGS OF APIUM GRAVEOLENS

BY DR. B. G. CLARK.

*Apium graveolens* (celery tincture) is made from the seeds and also from the sticks.

A proving was made under the direction of the late Dr. W. P. Wesselhoeft, and reported to the International Hahnemannian Association, appearing in *THE MEDICAL ADVANCE* of April, 1886. In the "Dictionary of Materia Medica," by Dr. John H. Clarke, is recorded about all there was known of the virtues of this drug at that time.

A patient of mine, Miss R., age about 30, after eating celery about eight years ago, was taken with severe pains (about three hours later) in the lower abdomen, accompanied with nausea and vomiting, with premature menstruation, which was profuse. She abstained from eating celery until December, 1911, when she was attending a dinner, during which she partook of some chicken salad in which was a considerable amount of celery. Three hours later she was taken with pain in lower abdomen, both sides: menses came on (2 weeks early), flow profuse and clotted. Pain in uterus, and soreness lasted for a week. During this attack her face was red and hot, eruptions around her body in welts; a part of the body had a finer eruption, with itching and stinging; was chilly, and wanted to be covered more than usual. These symptoms lasted a week.

After the above account was given me I thought it would be interesting to have some females make a partial proving, and asked some of the students of the New York College and Hospital for Women to take the drug and report the symptoms. A systematic proving was not attempted, and we did not have examinations of the provers made before or during. Several of the young ladies took the drug, but only the

reports of Nos. 5, 7 and 8 were of interest, as the others did not continue to take the drug regularly. No. 7 is the most complete, and is as follows :

*No. 7. Previous history.* Menstrual period two days earlier for the last three years ; otherwise normal. Period began Saturday, February 17th. Feet wet Sunday. Period almost stopped Monday, two hours after taking first dose.

*Monday, Feb 19th.* First dose (3rd), and continued to take it every two hours.

*Tuesday, Feb. 20th.* Awakened 2:45 A. M., with excessive hunger ; craving for raw apple. Sleepy 7 P. M. for an hour.

*Wednesday, Feb. 21st.* Awake from 2:30 to 4:30 A. M. Gnawing hunger ; slept after eating crackers. Uncontrollable sleepiness at 7 P. M.

*Thursday, Feb. 22d.* Awake 2:30 to 5 A. M. Hungry. Sleepy after dinner at 7 P. M.

*Friday, Feb. 23d.* Awake early in A. M. Hungry. At 5 P. M. sharp, stitching, sticking pain in left inguinal region ; pain going from front to back. Attacked getting off trolley ; had to stop, flex leg and thigh and bend body to relieve pain. An hour later same kind of pain in left inguinal region.

*Saturday, Feb. 24th.* Awakened 2:40 A. M. Pain and soreness in right eye ; smarting and burning around margin, particularly at inner canthus. Conjunctiva inflamed. Vesicular eruption similar to herpes under right nostril, with smarting, burning and swelling.

*Sunday, Feb. 25th.* Awake 3:20 A. M. Right conjunctiva inflamed. More swelling under right nostril. Stopped remedy from Monday, February 26th, to Thursday, February 29th.

*Thursday, Feb. 29th.* Dose (30th) every two hours. Nausea in evening ; pain and discomfort in intestines ;

diarrhoea. Sharper pain in left iliac region, going to right. Nausea increases with the pain. Relieved lying down and flexing thigh. Very thirsty this evening.

*Friday, March 1st.* Awake a little before 4; did not sleep again. Felt like getting up, going for a long walk or doing vigorous physical exercise. Mental energy increased. Feels able to accomplish more than usual. Pain sharp in left iliac region only on going upstairs. Dull ache all day in abdomen (not localized).

*Saturday, March 2d.* Awake early. Despite a soreness in the abdomen, felt energetic and accomplished more than usual today. Everything seemed to go "just right." Happy frame of mind all day.

*Sunday, March 3d.* Awake 3:45 A. M. Pain in left iliac and inguinal region; came suddenly on "L" train, with nausea. Lasted only few minutes.

*Monday, March 4th.* Did not waken until 5:45. Sharp pain in region of appendix, lasting about twenty minutes. No nausea with this.

*Tuesday, March 5th.* No definite symptoms.

*Wednesday, March 6th.* Sharp, sticking pain in left inguinal (ovarian) region; came suddenly at about 1:30 P. M., lasted until almost 3 P. M. Suddenness and sharpness of the pain caused me to bend forward, which relieved somewhat. Feeling of nausea not so marked as previously, but there is always discomfort and a feeling of weakness in the left side for several hours after the pain.

*Thursday, March 7th.* Sharp, sudden, stitching, localized pain midway between crest of ilium and pubic bone in the left side.

> lying in Sims' position on left side.

< motion.

< deep breathing (a deep breath causes pain).

Did not waken so early this morning, but felt "blue," and as though a great load were weighing me down physically and mentally. Have been frightfully gloomy and depressed all day (a most unusual thing); cannot account for it in any way, and could not rise above it. A feeling that I have done or said things (unintentionally) which are misunderstood. A feeling that people tolerate me merely to be polite.

*Friday, March 8th.* The "blues" have been awfully bad again today (depression). People actually dislike me. I am not doing my work well. There seemed to be something behind this feeling; some cause for it which I cannot analyze.

No pain today until a little after 5 P. M.; came suddenly in left side of abdomen; extended in a streak up from pubic bone to waist line; so sudden and intense as to make me bend forward involuntarily. Lasted until nearly 6 P. M.

*Saturday, March 9th.* Depressed until middle of morning; then felt as though a load were lifted from my shoulders. No pain.

*Sunday, March 10th.* Discovered that I can cause the pain in left inguinal or ovarian region by crossing the left thigh over the right. Took only one dose of medicine today. Streak of pain going up and down to the right and a little below the umbilicus. Sudden, sharp; lasted from 9 P. M. until after 11, when I went to sleep.

*Summary.* Sharp, sticking, stitching pain comes suddenly and decreases gradually; usually accompanied by more or less nausea. May be diffuse over large area or localized. If localized, it is a pain as large as a silver dollar in the left inguinal region.

*Aggravations.*    < moving.  
                          < standing.  
                          < riding in cars.

< deep breathing.

< afternoons.

< left side.

*Ameliorations.* > lying on left side in Sims' position.

> flexing thighs.

> bending forward.

No marked relief from pressure of hand over spot. Continual feeling of soreness, even when pain is not intense.

*Thursday, March 20th* (ten days later). Ten drops tincture at 9 A. M.

Discomfort and rumbling in abdomen, beginning about noon. Constant desire for stool. Diarrhœa, with urination. Discomfort became distress in abdomen toward evening, with more frequent diarrhœic stools ; no actual pain.

Dull headache in the evening. Ten drops tincture in evening.

*Friday, March 21st.* Fifteen drops of tincture A. M. and P. M.

Did not sleep well last night. Was sleepy, but very restless ; could not get in a comfortable position. Thinking and planning all night, with only "cat naps." Headache all day ; not severe, but dull and heavy ; full head. Diarrhœa ; stools looser and with less color ; five movements from 7 A. M. to 9 P. M. No pain, but a constant feeling of fullness and bearing down in rectum. Abdomen feels full.

*Saturday, March 22d.* Twenty drops of tincture A. M. and P. M.

Slept from 10 to 1. and heard the clock strike every hour after that. Am tired and aching all over today. Frontal headache. Diarrhœa same as yesterday ; four movements during the morning, and urging during the afternoon, with only two movements.

*Sunday, March 23d.* Twenty drops A. M. and P. M.

Bowels loose, with only two movements today. Frontal headache until about 5 P. M. Slept about three hours last night, but was restless, and did not feel refreshed nor like getting up this morning. Tried to take a nap during the day, but as soon as I lie down the sleepy feeling seems to go, and I am wide awake.

*Thursday, April 4th.* Ten drops tincture A. M. and P. M. (Urea 2.2 per cent before taking remedy.)

*Friday, April 5th.* Fifteen drops tincture A. M. and P. M.

Uneasiness and some discomfort in abdomen. Slight frontal headache in afternoon, especially over left eye. Awake very early this A. M.

*Saturday, April 6th.* Twenty drops tincture A. M. and P. M. Awake early. Uncontrollable sleepiness during morning.

*Sunday, April 7th.* Twenty drops A. M. and P. M.

No symptoms except the feeling of a lack of sleep, and almost complete loss of consciousness during afternoon and evening, when people were talking in the room.

*Monday, April 8th.* Urea 1.8 + per cent.

Menses three days early. No pain, but profuse flow from the start. Flow much more than usual for three days.

*No. 5.* "MAY 20, 1912. MY DEAR DR. CLARK: I have mislaid my notes concerning Apium. I feel sure, however, that they are somewhere among my college papers. In the meantime I can only give you an indefinite account of the symptoms.

"Coryza, coming with each potency and stopping completely and suddenly with stoppage of drug; watery, not excoriating; somewhat better outdoors; worse in evening; much sneezing in early morning on awakening. Discharge clear, viscid, mucous; somewhat stringy, but not irritating.

Itching at inner canthi of eyes. Slight conjunctivitis in morning.

"Sleeplessness, without any exhaustion or ill effect ; simply, lie awake for no apparent cause. No restlessness. This occurred several nights in succession ; most marked after first potency ; did not appear with tincture.

"Ovarian pain, sudden, cutting on right side, running directly backward ; > pressure ; > lying down ; < moving about ; impossible to walk, almost to stand. Lasts only few seconds ; goes suddenly. Accompanied with nausea, almost faintness. Came on about middle of afternoon (3 to 4) on four successive days after 3rd potency. Once severely after 30th, and only slight twinges in that region after tincture.

"First menses were delayed (which is common with me) ; painless, dark and scant flow. Second menses after taking drug (about four days after tincture) were two days early, profuse, dark flow ; very painful, cramplike pains in right iliac region ; > lying down ; > cool air.

"Menses rarely occur even on 28th day for me ; usually 30th to 31st day, and often a week or ten days late ; even skip periods, especially in summer or after much outdoor life. This is the first time the menses have ever appeared early. Cramplike pains also were for first time. Profuse flow is also rather unusual. (Flow usually dark, rather scant, if dysmenorrhœa were present. It was always < by any warmth, either weather or applications ; always > cool food and air and slow motion ; always disappears on taking Pulsatilla).

"This time the pains were of different character ; no medicine was tried ; lasted off and on for one day. Also tenderness of both nipples was present this time (i. e., after drug), with cutting pains in both breasts when cramping pain in right iliac region came on.

"I am sorry I cannot give you a daily account of the above symptoms. There were other minor ones also which I cannot recall ; but those that I have mentioned all occurred several times while taking drug, or shortly afterwards, and at no other time. Two urinary examinations were made—one on first day of taking tincture, one a week after stopping tincture. I cannot remember exact findings, but think the two were alike as to urea, etc.

"If I find the correct report I shall be glad to send it to you. Sincerely, \_\_\_\_\_."

*No. 8. Previous history of menstruation.* Pain as soon as the flow appears in the hypogastrium, with nausea. Pain is > by cold applications, but continues for about five hours ; then considerable vomiting, which ends the distress.

*February 17th.* Took medicine (3rd) every two hours.

*February 18th.* Took medicine (3rd) every two hours.

Had fullness in head over eyes ; very marked in the evening. Left eye inflamed near inner canthus, quite red ; burning pains in left eye. Sharp, cutting pains in epigastric region.

*February 19th.* Menses came on with much less pain than usual.

*March 1st.* Took (30th) medicine every two hours for three days. Did not have any peculiar symptoms following. Menses came on March 18th, without any pain or nausea.

Took 15 drops of tincture twice a day ; did not develop any symptoms. Menses due April 16th did not come on until the 26th, with severe pains in hypogastrium, alternating with pain in sides of abdomen. Pains lasted for about five hours, with nausea ; then vomiting, which > .

Two years later said she had the same pains during menstruation. I asked her to take *Apium graveolens* (30th).

four times a day for two days before the next period. She did so, and passed the period without pain.

*Dr. B. G. Clark. March 9th.* Took *Apium graveolens* (3rd) every two hours.

*March 10th, 11th, 12th.* The only symptoms noticed were frequent eructations and tasting of food eaten.

*March 14th.* Ten drops tincture at 1 P. M. At 4 P. M. frontal headache, with slight vertigo. At 5 P. M. 10 drops.

*March 15th.* Ten drops at 8 A. M. About 2 P. M. had pain in lower abdomen ; not affected by pressure or position. At 6 P. M., 10 drops ; at 9 P. M. frontal headache ; dizziness, smarting in inner canthus of left eye. Pulse 94 ; temperature normal. Aching over region of heart.

*March 16th.* Sore pain continued in abdomen ; smarting in inner canthus of both eyes. Urine increased. At 11 P. M. took 15 drops. No more medicine.

*March 17th.* Sore throat. Pharynx inflamed, with sticky mucus, necessitating frequent swallowing to clear throat. Dull frontal headache ; > in open air ; smarting in eyes continued, tire on reading. Headaches > while eating. Muscles of neck and back stiff, and painful to turn head. Headaches and soreness of throat continued till evening of 19th. Urea increased from 0.9 to 2.1 while taking medicine.

#### SYMPTOMS OF APIUM GRAVEOLENS (ARRANGED IN SCHEMAFORM) AS BROUGHT OUT IN THIS PROVING.

##### I. *Mind*—

Cannot keep from thinking ; energetic ; wants to work mentally and physically.

Depressed ; thinks she has said something to offend her friends ; feels that people tolerate her merely to be polite.

2. *Head—*

Frontal headache ; > while eating.

3. *Eyes—*

Aching in eyes ; redness of conjunctiva, with itching and smarting in inner canthus of left eye.

4. *Nose—*

Coryza ; sneezing ; watery discharge not excoriating. Sneezing on waking ; sudden stoppage of nose.

5. *Mouth and Throat—*

Pharynx and soft palate sore, with much sticky mucus, necessitating frequent swallowing.

6. *Stomach—*

Eructions. Desire for fruit, especially apples. Hunger > by eating.

7. *Abdomen—*

Pain sharp, sticking ; soreness of whole abdomen. Pain as if stool was coming on.

8. *Stool—*

Three to five stools a day ; diarrhoea ; sharp pains in left iliac region, going over to right. Nausea increases with the pains ; > by lying down and flexing thighs. Quite thirsty.

9. *Urinary Organs—*

Urea increased.

10. *Female Sexual Organs—*

Sharp, sticking pains in both ovarian regions ; > by bending over. Could not walk ; weak feeling, with nausea. Pain > by lying on left side with legs flexed ; < by motion ; < by deep breathing. Cutting pains in ovaries, running backward ; > by pressure and lying down. These pains last but a few seconds at a time, accompanied with nausea and faintness ; < in afternoon. Menses delayed ; crampy pains ;

> by cold applications and flexing legs on abdomen ; cutting pains in both breasts ; tenderness of nipples.

11. *Respiratory Organs and Heart—*

Feeling of tightness over heart.

12. *Muscles of Neck and Back—*

Aching ; stiffness ; hurts to turn head.

13. *Skin—*

Eruption in welts over body ; fine, elevated pimples, with itching ; > by scratching.

14. *Sleep—*

Wakes from 1 to 3 A. M. ; hungry for apples—  
Eating does not help sleep ; mind active and contented ; buoyant ; is not fatigued by loss of sleep.

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The symptoms that were marked in all the provers were smarting in inner canthus of left eye, with some redness.

Second, pain in abdomen in all female provers, mostly in uterus and ovaries ; more in left side ; sharp, crampy, > by lying down and flexing legs. The pains usually present during menstruation were relieved while taking the 3rd and 30th potencies, but the tincture did not relieve them. One woman had her normal pains during the time she was taking the tincture. All the women were awakened after 1 to 3 A. M., hungry, craving fruit, and especially apples ; eating relieved the hunger, but did not help them to go to sleep again. This wakefulness was accompanied with buoyancy of mind, and they even felt physically equal to hard work, and the sleeplessness did not cause fatigue the next day.

The tincture caused No. 7 to have quite some looseness of the bowels, with very little abdominal pain, but quite some headache, which corresponds with the pain I had in head and pain in abdomen, but I had no diarrhœa.

I believe this remedy should be carefully proven, and will be indicated in dysmenorrhœa with sharp, short pains, > by flexing legs, accompanied with headache and sleeplessness and nausea.

## CASE I.

Miss V., school teacher, age 32. Has always had pains during menstruation. Of late these pains were severe, lasting for twenty-four hours ; during the first day of the period attended with severe frontal headache, nausea and vomiting.

Examination revealed a small uterus slightly antiflexed with descensus ; no tenderness of ovaries.

Apium graveolens was given two days before the expected period, which came on at the expected time without pain, headache or vomiting. This was repeated the next period, with same results. This was last February.

## CASE II.

Miss D., age 17. Menses regular until three months ago ; none since. At school, working hard. Otherwise well. Apium grav. 30th four times a day for four days. Menses came two days late ; regular since ; now four months.

—*The Medical Advance.*

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## CONSUMPTION.

Homœopathy includes not only infinitesimal dose in the potentised form, but close individualisation, for which a thorough grasp of materia medica is all that is necessary. In every drug there are however some characteristics, and I have particularly dwelt on those points without going into the detail.

I do not pretend to have added anything original nor can I do so in presence of so many existing valuable works, but my attempt has been to suit an easy reference.

**Agaricus** :—Spasmodic cough at night after falling asleep, night sweats, expectoration of small hard lumps (Stan) and soreness in larynx.

**Arsenic** :—Cachexia, cough worse after midnight, agr. lying on back, extreme prostration, cold sweat, expectoration scanty, ~~pain in~~ upper third right lung.

**Arsenic iodide** :—Tuberculosis, abscess in the lung, commencing cavity.

**Baptisia** :—Later stages of disease, in relieving the fever when it increases in the afternoon with slight drowsiness.

**Calcarea** :—Fair, fat, flabby. Dyspnœa going up the slightest ascent, general cachexia leading to consumption, the cough is troublesome at night and dry with free expectoration in morning, perspires easily on the head, nutrition impaired with tendency to glandular enlargements. Coldness, night sweats with coldness of legs, cold damp feet.

**Calc. iodide** :—Tuberculosis, chronic cough day and night with night sweat, hectic fever, green, purulent expectoration.

**Calc. phos** :—Chronic inflammation of lungs which may become tubercular, night sweat, cough amel. lying down ; agr. sitting up. Less enlargement of abdomen, spare subjects ; sweaty head is not a prominent symptom (opposite Silicea), spluttering diarrhœa, general aggravation from wet.

**Capsicum** :—Cough explosive, odor from coughing is putrid. Threatening gangrene of lung.

**Carbo veg.** :—Burning chest, cough spasmodic, suffocative in old people who are debilitated, with flatulence, blue colour of skin, desire to be fanned, cold skin, tendency to collapse.

**Carbolic acid** :—Purulent expectoration in tuberculosis of lungs. Desire for stimulants. Palpitation and violent beating of heart at night.

**Chelidonium** :—Pain in right shoulder blade. Tongue yellow, cough loose and rattling with pain under right scapula (Lycopod., Sang., Iod).

**China ars** :—Suffocative attacks renewing every day at the same hour, with icy cold skin ; seminal emissions.

**Codeinum** :—Dry teasing cough. Diabetes.

**Eucalyptus** :—Profuse expectoration, Gangrene of lungs.

**Ferrum** :—Febrile excitement. Cough is dry, spasmodic and may be accompanied by expectoration of blood, rush of blood to the chest—blood bright red and associated with weakness.

- Ferrum phos** :—Oppression and dyspnoea marked ; fever and congestion of lungs, expectoration of blood.
- Grindelia** :—Offensive expectoration (Caps). Neuralgia. Rheumatism.
- Hepar sulph** :—Pains splinter-like. Very sensitive to open air. Suppuration threatening. Lessens secretion of Mercur. rendering the cough dry and tight, follows well after Spongia. Should not be given when there is hot dry skin. It is to be carefully differentiated from Kali bichr and Bromine, neither of which is indicated when there is fever. Profuse collection of mucus, agr. cold air, always agr. towards morning ; sour sweats.
- Iodine** :—When not febrile, great appetite, scrofulous subjects, rough voice, dry cough, night sweats.
- Kali carb** :—General aggravation from cold. Time of aggravation 3 and 4 A. M. Scanty tenacious secretion. Blasting (Carbo veg, Lycopod). Sticking in right side up into the chest. Weak, swelling under the eyebrows.
- Kali iodide** :—Exhausting night sweats, salivation. Expectoration like soap suds, salty to the taste (Sepia).
- Kreasote** :—Tendency to hemorrhage ( Arn., Carbo veg. ), fetid discharge, decay of teeth. Diarrhoea offensive, sometimes with vomiting. Phthisis with violent burning pain like red hot coals in chest (Carbo animalis), gangrene of lungs (Caps). Inhaled in phthisis when there are no cavities.
- Laurocerasus** :—Alternation of chills, fever and sweat in phthisis. Dry, harassing cough. Cough associated with valvular disease of heart, especially on lying down (Hyoscy, Sang).
- Lachesis** :—Cough is suffocative and wakens from sleep. Sore mouth in the last stage of consumption.
- Lycopodium** :—Emaciation, forgetfulness, flatulent distention, constant satiety. Cough agr. after 4 P. M., agr. when going down hill than up ; constipation.
- Natrum ars** :—Tuberculosis, hectic fever, night sweats, emaciation, greenish profuse expectoration, racking cough, eruption on chest with dark brown spots.
- Natrum sulph** :—Hydrogenoid constitution. Aggravation from

dampness. While coughing holds his chest, loose cough. Pain in lower left chest ( Kali carb, right lower chest ), morning diarrhœa.

**Nitric Acid** :—Cough agr. forepart of night. Phthisis of larynx with extensive ulceration. Night cough ; agr. by laughing or crying. Hectic fever, soreness of the chest, hemorrhage from lungs, offensive, bloody, purulent expectoration (Caps)

**Oleander** :—Extremely weak digestion with ravenous hunger, involuntary evacuations while passing flatus, diarrhœa of phthisis.

**Phosphoric Acid** :—Effects of grief. Teeth yellow. Painless diarrhœa, diabetes, expectoration of mucus in small balls (Stan).

**Phosphorus** :—Fatty degeneration of organs, aggravation from wetting hands and feet, feeling of a rush of blood to the head, persistent hemorrhage, milky urine, diabetes with phthisis ; exhaustion after febrile symptoms have mostly subsided, when lying on left side, oppression of chest, cough with salty or sweet expectoration, hoarseness, palpitation, expectoration of bright blood.

**Phillandrium** :—Offensive expectoration in the last stage of phthisis, weight on vertex and shooting in temples, pain in milk tubes while nursing.

**Plumbum** :—Tuberculosis, hemorrhage from lungs, cough, purulent expectoration. Colic. Neuralgia of rectum.

**Psorinum** :—Chronic cough, offensive expectoration, night sweats, hæmoptysis, skin dirty and greasy, perspiration of the extremities, debility with an extreme appetite, itching, sensitive to cold air, sweats easily.

**Pulsatilla** :—Aggravation in evening, from lying on left side (Phos), lying on painful side. Amelioration from cold. Threatening tuberculosis with soreness under the clavicle. Hemorrhage from lungs, suffocation in chest, hacking cough, amel. morning, in open air. Expectoration thick, green, bland, and tastes bitter.

**Rumex** :—Night cough in phthisis. Aphonia, agr. cold air, morning diarrhœa.

**Sanguinaria** :—Phthisis with hectic fever, burning in chest and

sensation of congestion, soreness of the muscles, circumscribed redness of the cheeks, hemoptysis, the breath and sputa are offensive.

**Secale** :—Hemorrhage of lungs, dark, venous, gangrene of lungs (Caps, Phos), threatening collapse ; great coldness of the surface, yet cannot bear to be covered ; discharges offensive, putrid or dark-coloured ; spasm of extensor.

**Sepia** :—Torpid liver. In phthisis used as an intercurrent ; expectoration salty and putrid.

**Silicea** :—Wants warm wraps. In the suppurative stage of phthisis with muco-purulent expectoration. Aggravation at full moon. Hectic fever. Night sweats.

**Spongia** :—Pulmonary consumption following pneumonia, suffocative spells of coughing. Paroxysms of cough and suffocation on awakening out of sleep, agr. in evening, cold air, talking, singing, on inhalation.

**Stannum** :—Anæmia, aggravation from noon till midnight, expectoration of balls of mucus, tastes sweet, great weakness in chest, can only speak a few words at a time ; mostly left-sided.

**Sulphur** :—In the earliest stage of tuberculosis, need of fresh air, feet and head hot, hands and feet burn at night, atonic dyspepsia, need to eat at 11 A. M.

**Tuberculinum** :—Fever irregular, symptoms ever changing, smell of cooking food nauseates, feels cold and shivery morning and evening, sweaty nights, spasmodic gagging cough.

P. N. BASU, B. A.

Homeopathic Practitioner, Bankipur.

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## A FEW CASES IN SURGICAL PRACTICE.

T. DWIGHT STOW, M. D.

This report of surgical cases is not made because of any particular merit in the operative measures, but as showing the merit of Homeopathy in meeting whatever demand is made upon it for the welfare and general comfort of such cases, and to further show, how unnecessary are the usual routine exhibits of the old school.

### Case I. Mammary Tumor.

Mrs. D. S.—, a lady forty-eight years of age; one year and six months ago, noticed a sensitive tumor in the axillary border of right breast. The tumor was subject to paroxysms of heat and sharp lancinating pain ; was firm, hard, nodulated, and steadily increased in size until it involved nearly one-half the breast. At its summit it inflamed and ulcerated, and occasionally bled. She was not strictly cachectic, but began to have a little rise of temperature, some thirst, and considerable alarm when she applied to me for an operation. Putting her under treatment for a month or more we set a day for the operation, and removed the entire breast December 12th, 1889. She made a nice recovery, the wound healed by the first intention, and she had but four prescriptions, two of them Sac. lac.

The first prescription given was Belladonna 500. It essentially modified the inflammatory symptoms, the soreness, sensitiveness to touch, and the swelling, fever and redness of face. Pulsatilla 200 was given after the operation, for the relief of dyspepsia, worse in a warm room ; and nausea at night sometimes aggravated by the odor of the ejecta.

## Case II.

Fracture of right tibia, followed by extensive ecchymosis, blistering and exfoliation of the epidermis.

David D—, a mechanic sixty years of age, a man addicted to the use of the ardent, in an intoxicated condition fell from the steps of his shop upon the sidewalk, breaking his right tibia in its lower third. The fracture was long and oblique, the lower point of upper fragment nearly penetrating the skin on the inner face of the tibia. As the patient was very garrulous and uneasy, we anæsthetized him, reduced the fracture, confining the limb in an anterior and posterior Ahl's porous felt splint. Three days after the fracture I was obliged to re-dress the whole fractured limb on account of great swelling, erysipelatous inflammation, and the formation of many large bullæ, that covered at least three-fourths of the front and sides of the limb. Ulceration had taken place over the lower line of fracture, so that it was necessary to adjust the limb in a fracture box, packing it with fresh, sifted and baked pine sawdust. He complained of burning heat, soreness, aching in the limb, and instinctively put out his hand to keep people away from the limb. Arnica 30 made him very easy, and after the second night, he slept, on the average, six hours, getting, also, naps by day. His limb is now doing well; is of good shape and length; there is slight œdema of the foot, and he is fully convalescent. The limb was fractured May 6th, and now, June 10th, he is wearing a starch bandage and getting about on crutches. He has had no whisky, alcoholic stimulant, morphine, chloral, anodyne, or physic, but is doing nicely in all visible respects.

In closing, let me speak in praise, of nice, clean, baked-brown or slightly-charred pine sawdust, in the treatment of fractures with suppurative, serous or sanguineous discharges, erysipelatous inflammation, &c.

**Case III.—Epithelioma.**

About the middle of November, 1889, a seventy-four-year old gentleman—a farmer by occupation—came to get a prescription for a sore on his lower lip, a little to the left of the raphe. The tumor was quite hard, well defined, as large as an ordinary chestnut, had on its surface a dirty gray, slimy mucus, which, when wiped off revealed a reddened surface. Under a magnifying lens it had the characteristics of the columnar or cylindrical variety of cell. He complained of great soreness, burning, some sharp, cutting pain in the tumor, worse in the wind or out of door; better near the stove; better when covered with adhesive plaster or lint. He was also worse before, or just after, midnight, and he was much inclined to be chilly. I put up a few powders of *Arsenicum* 300, one prescription. The *Arsenicum* mitigated the subjective symptoms, and on the 15th of February, assisted by Dr. Bennett, I excised the tumor by a V incision, cutting away about one-half the lip, the wound thus formed being an equilateral triangle. The edges were approximated by transfixion with silver pins, and figure of eight ligature. Union was perfect on the fourth day, and he made a fine recovery. He called on me Friday, June 6th, a well man—visibly. There is no scar visible; only a preternatural tension and attenuation of the labia.

**Case IV.**

A queer case.—Wednesday, May 28, 1890, a physician of Mexico, N. Y., called to take me to see a patient that, to use his language, "puzzled him."

The patient, a young man of twenty years, unmarried, was very sick, having much fever, thirst, restlessness; temperature 104, 3-5, frequent pulse, tongue coated white,

dry and red in the centre, red edges and a dry, red, triangular tip; lips dry, with a tendency to scale. The penis and its gland were enormously swollen and inflamed, and, commencing on the dorsum, behind the corona, was a sloughing phagadenic ulcer, that rapidly spread from a pimple, on Friday, May, 23, to a foul ulcer destroying all tissue down to the corpus spongiosum, bounded by the frænum preputium below. Paraphimosis was present, and a large abscess was formed along the dorsum of the organ. The lower portion of the prepuce, each side of the frænum, was very œdematous, and the whole organ was very sore and painful to touch or movement. During the night and morning there was frequent and profuse hemorrhage from the ulcer. We controlled hemorrhage by sub-integumental transfixion of the dorsalis pedis artery. Some three months prior to this, the patient contracted gonorrhœa, which was treated in the usual way by old school methods. Some three days prior to the acute attack, he got warm and sweaty while working on the railway track, and was caught in a heavy but warm shower, and wet through. The attack mentioned was ushered in by a shaking chill, aching of bones, backache, thirst etc. All in all, he was in a pitiable condition.

He stoutly denied having any unclean connection whatsoever since he had gonorrhœa, but the edges of the ulcer were raised and hard and of a suspicious character. I should state that his physician applied carbolic acid to the ulcer two or three times. For two more days the case was alarming. We slit up the prepuce to relieve the constriction and give vent to the rapidly accumulating matter; thoroughly irrigated the ulcer with hot water and a weak solution of Lloyd's asepsin; covered the parts with Lister protective and plain absorbent cotton. Internally we gave Rhus 30. He

began to improve at once, and on June 1st he was out of danger, the sloughing and foul smelling discharges having ceased, the ulcer looking clean and paler. The gland, now almost detached from the penis, we kept in position by means of a rubber stem inserted in the urethra to steady it, and by adhesive strips confined to the dorsum and sides of the penis. The gland has united to the body of the organ, and is covered daily with fresh protective and cotton.

I neglected to state in the proper place that during the febrile stage there was ischuria requiring the use of the catheter ; also, painful priapism.

Query : Was this a phagadenic chancre, or was the frightful ulceration due to the carbolic acid ?

If it were a chancre, the rapid recovery was simply amazing. If the ulcer were, in the main, syphilitic, and the patient innocent, how did the patient become victimized ? If the phagadenic ulcer were produced by the carbolic acid, what shall be said of such treatment.

*(Transactions of the International Hahnemannian Association, 1890)*

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## PROVINGS OF KALI PHOSPHORICUM.

ERASTUS E. CASE, M. D.

### EXPERIENCE WITH KALI PHOSPHORICUM 30.

1880, Dec. 28th. Five doses, at 9 A. M., 12 M., 3, 6 and 9 P. M.

*Gaseous eructations*, < after eating (continued throughout proving).

December 29th. Five doses, at 9 A. M., 12 M., 3, 6 and 9 P. M.

*Much offensive flatus is passed* (continued six days).

Empty, gnawing sensation in the stomach, > for a short time only, after eating (four days).

Appetite increased (five days).

\* Saliva profuse and thick (two days).

Dull aching in the occiput, extending through the base of the brain, > by eructations of gas.

December 30th. Four doses, at 6 A. M., 12 M., 3 and 6 P. M.

*Sexual desire increased*; erection persisting, even after dressing in the morning (two days).

Aching in the throat just below the tonsil at the right of the larynx, in the evening.

December 31st. Sensation as of sand under the eyelids (five days).

Pains shooting from the right hypochondrium into the chest, while lying upon that side in the morning.

Offensive, undigested stool, followed by an uneasy urging, as if not all had been expelled, in evening (two days).

Sleepiness with yawning (three days).

Prover, æt. 42, in good health, of an active, nervous temperament, a total abstainer from all alcoholic beverages, tea, coffee and tobacco.

January 1, 1890. Muscular soreness in both shoulders in the morning on awaking, with drawing pain from the right shoulder to the hand, < while lying upon that side (two days).

Foul, bitter taste in the morning (four days);

Offensive odor from the mouth (four days).

*White coated tongue in the morning* (four days).

Gums pale, swollen and sore (four days).

After micturition a few drops of urine moisten the linen (continued through the proving).

Aching in knees and shoulders, > by motion (six days).

January 2d. *Offensive, undigested stool after every meal*, followed by unsatisfied urging.

A decayed tooth (with fistulous opening) is ulcerating.

*The edges of the tongue are sore* (two days).

*Pharynx feels dry, with the sensation of a husk in the upper part.*

Lameness in the sole of the right foot,

Despondency.

Memory defective for familiar names.

January 3rd. *Eyeballs sore, painful when touched or turned.*

Conjunctivæ inflamed, with bland mucous discharge.

Teeth painful; feel sore when pressed together.

Appetite lost (continued throughout the rest of the proving).

Constipation, with frequent urging to stool, often ineffectual, but sometimes a small stool is passed without relieving the urging (continued through the remainder of the proving).

Muscular soreness and pains, > by motion (two days).

Feverish and chilly by turns in the evening, with general aching, > by walking about.

January 4th. Empty faintness throughout the stomach and abdomen. Drawing pain from the lumbar region down

the whole length of the right leg, following the sciatic nerve,  
> by walking.

January 5th. No new symptoms were developed.

January 6th. Sexual desire was strong in the morning, but upon attempting intercourse almost complete impotency, erection incomplete, emission immediate with slight thrill, followed by great exhaustion.

January 7th. After retiring, legs cold, both subjectively and objectively, with drawing pains from knees to ankles so severe that I could scarcely keep from groaning; most severe on the right side, > by getting thoroughly warmed.

(On the following day so many cases of La Grippe came under my care that I had no time for observing symptoms closely; besides, I did not believe that an overworked and irregularly-fed body could furnish a reliable proving.)

January 16th. An involuntary emission of semen during sleep (the sexual instinct has been depressed since Jan. 6th.)

January 19th. Thick yellow mucous discharge from the nose, crusts form during the night and are expelled in the morning, often bloody (this condition remained unchanged for several days and then gradually improved).

January 22d, Throat swollen throughout, bluish red, tonsils enlarged, with soreness, < at night (five days.)

Painful glandular swellings at the right side of the throat and neck (five days.)

Saliva profuse, ropy, with salty taste (five days.)

January 27th. An abscess discharged into the throat just at the right of the larynx (this relieved all the throat symptoms).

January 28th. Feeling quite well.

#### EXPERIENCE WITH KALI PHOS. 200.

1890, January 29th. Six doses at 6 and 9 A. M., 12 M., 3, 6 and 9 P. M.

Appetite increased (six days).

*Much offensive flatus is passed* (seven days).

January 30th. Six doses, at 6 and 9 A. M., 12 M., 3, 6 and 9 P. M.

Gaseous eructations < after eating (throughout the proving.)

Trembling sensation with emptiness in the stomach before breakfast.

A pustule on the inside of the tragus of the left ear near its base.

Edges of tongue sore (two days.)

*Offensive undigested stool followed by uneasy urging as though not all was expelled, in the evening.*

Sleepiness with yawning (eight days.)

Scalp and face, under the beard, itch intensely, < in evening (three days.)

January 31st. Three doses, at 9 A. M., 12 M. and 3 P. M.

Sensation of sand under eyelids (five days).

Borborygmus.

*Offensive undigested stool after every meal followed by an unsatisfied urging to stool.*

Urine moistens the clothing after I think I am through urinating (continued through the proving.)

February 1. Conjunctivæ inflamed, bland mucous discharge (eight days).

Small water blisters developed on the margin of the left alæ nasi. These spread and coalesced on the second day, forming a crust, which dropped off on the sixth day, Feb. 6th.

A festering pimple at junction of rt. alæ nasi and upper lip.

Upper teeth, right side, are sore with grumbling pain.

February 2. Eyelids agglutinated in the morning (four days).

Itching pimples on the forehead and face (two days).

Flatulent colic in descending colon in afternoon (two days).

February 2d. General itching when undressing in evening > by scratching.

February 3d. No new symptoms noticed.

February 4th Colic in hypogastrium in afternoon.

February 5th. Pains shooting from stomach into chest > by eructations of gas.

Involuntary emission of semen during sleep.

Despondency.

Taciturn and inclined to be irritable (two days).

Physical debility.

February 6th. Must frequently wipe the mucous secretion from the eyes in order to see clearly.

Margins of eyelids itch (three days).

Appetite lost (continued through the proving).

Constipation with frequent urging to stool, often ineffectual, but sometimes a small stool is passed without relief (through proving).

*Sexual instinct depressed* (through the rest of proving).

February 7th. *Eyeballs sore, painful when touched or turned.*

Sneezing in the morning with thick yellow mucous discharge from the nares.

Teeth painful, feel sore when pressed together.

Gums pale, swollen, sore. Roof of mouth swollen.

Swelling all through the throat, tonsils enlarged, soreness < at night.

Lymphatic glands again swollen at the right of the larynx.

Aching from the sole of the left foot to the knee, > by walking.

February 8th. Empty faintness throughout the stomach and abdomen.

Heavy weight in stomach before dinner, not > by eating.

Dull aching from occiput through base of brain, > by eating.

February 9th. All symptoms better.

February 10th. Feeling very well. \*

#### EXPERIENCE WITH KALI PHOS. 1000.

February 12th. Four doses at 2, 4, 6 and 8 P. M.

February 13th. Five doses at 9 A. M., 12 M., 3, 6 and 9 P. M.

Awoke at 1:30 A. M. with intense itching of the scalp, and profuse sticky sweat in popliteal spaces, also a slight moisture in the bends of the elbows, none perceptible elsewhere; also itching in other locations, especially on the third and fourth toes of the right foot, > by rubbing. Soon after dropped asleep and dreamed a burglar was in the house.

Despondency ( six days ).

Lachrymation profuse.

Gums pale, swollen, and sore ( four days ).

Taste foul and bitter in the morning. ( four days ). Tongue white in the morning ( four days ).

Gaseous eructations, < after eating ( continued through proving ).

Qualmishness, < in evening ( three days ).

Appetite increased ( three days ).

*Much offensive flatus is passed* ( five days ).

*Offensive undigested stool in evening, followed by urging to stool.*

*Urine oozes from urethra after micturition* ( continued through proving ).

Physical debility.

February 14th. Four doses, at 9 A. M., 12 M., 3 and 6 P. M.

Sensation of sand under eyelids ( four days ).

Eyelids agglutinated in the morning ( three days ).

Throat feels dry, is slightly reddened and swollen.

Abdomen painfully full of gas and sore to the touch ( three days ).

Soreness in muscles of right shoulder, painful on motion.

February 15th. Dull aching from occiput through base of brain ( six days ).

Itching of scalp and face under the beard, < in evening ( five days ).

February 15th. Teeth painful and feel sensitive.

*Offensive, undigested stools after breakfast and supper, not satisfactory.*

*General itching on undressing for bed, < by scratching* ( three days ).

February 16th. Eyeballs sore and painful ( three days ).

The dead tooth is ulcerating again.

Roof of mouth swollen ( two days ).

Glands of neck are swollen on right of the larynx.

Bowels constipated, with ineffectual urging, or a small, unsatisfactory stool (continued through the proving).

February 17th. Margins of eyelids itch (three days).

The face is peeling all over with itching.

Pain from the occiput through the base of the brain, with vertigo, > by eating.

Appetite lost (continued through the proving).

A dryness in the trachea just below the larynx causes a cough, no expectoration.

General itching over the body during the day.

February 18th. Memory poor for familiar names ( two days ).

Difficulty in getting words to express ideas (two days).

Eyelids much swollen and red.

Itching pimples on the forehead and face.

Drawing pains from the knees to the feet, < at night ( three days ).

February 19th. Taciturn and irritable.

A suppurating pimple at the junction of right alæ nasi and lip.

February 20th. Dull occipital headache, < by shaking the head.

Sharp pains from the orbits to the temples, > by pressure on the temples.

Empty gnawing in the stomach, > for a short time by eating.

February 21st. Pimples on the inside of the right alæ nasi.

February 22nd. A crack at the tip of the nose at the junction of the left alæ nasi and the septum ( two days ).

February 23rd. No further symptoms were observed.

The catarrhal condition was again < during this proving, but not so severely as while under the influence of the 200th.

*(To be continued.)*

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## ২। কমল ডেন্টিফ্রিস—( Dentifrice )

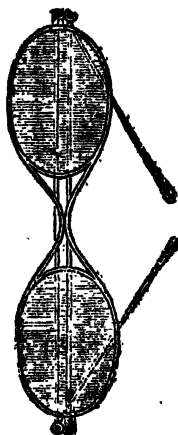
এমন সুন্দর দেশীয় প্রণালীতে প্রস্তুত দন্তমার্জিন আর নাই । ইহাতে কার্বলিক প্রভৃতি অনিষ্টকর পদার্থ নাই ; দন্ত পরিষ্কার ও গোড়া শক্ত হয়, দন্তশূল, মাড়ি ফুলা প্রভৃতি সারে এবং মুখে দীর্ঘকালহার্য সুগন্ধ হয় । মূল্য প্রতি শিশি ১/০ আনা ।

## ৩। রমালীন ( ক্যান্থারিডিন )—( Cantharidine )

টাক গড়া, চুল উঠিয়া যাওয়া, মাথাধরা প্রভৃতির চমৎকার ঔষধ । ইহা যেমন সুগন্ধি, তেমনই উপকারী । মস্তিষ্ক শীতল হয় ; মাথাঘোবা, স্নায়বিক দুর্বলতা আরাম হয় ।

মূল্য প্রতি শিশি ১ টাকা । সকল বড় দোকানে পাওয়া যায় ।

কে, টি, কোং, ১৯২ নং কর্ণওয়ালিস্ স্ট্রীট, কলিকাতা ।



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হোমিওপ্যাথিক

# চিকিৎসা-সার ।

মূল্য ২।০ টাকা, ডাকমাণ্ডল স্বতন্ত্র ।

গৃহস্থ এবং চিকিৎসক মারেরই এই পুস্তক রাখা উচিত । ইহাতে  
নুতন ঔষধ সকল সন্নিবেশিত হইয়াছে ।

কলেরা বা

## ওলাউঠা চিকিৎসা ।

এই পুস্তকে ওলাউঠার ইতিহাস, রোগতত্ত্ব, চিকিৎসা, পথ্যাদির  
নিয়ম প্রভৃতি সকল বিষয়ই নিস্তৃত ভাবে ও সরল ভাষায় লিখিত  
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ও জিভেন্দ্রনাথ মজুমদার মহাশয়দিগের অভিজ্ঞতাও সন্নিবেশিত  
হইয়াছে ।

মূল্য ২।০ টাকা, ডাকমাণ্ডল স্বতন্ত্র ।

পুস্তক দুইখানি কলিকাতা, ২০৩।১ নং কর্ণওয়ালিস ষ্ট্রীটে প্রাপ্য

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সকল প্রকার জ্বরের কারণ, চিকিৎসা, পথ্য ও নিদানাদি সরল বাঙ্গাল ভাষায় লিখিত । ইহা চিকিৎসকেরও কার্য্যে লাগিবে এবং গৃহস্থ মাষ্টারেরই রাখ্য কর্তব্য ; কারণ জ্বলোকে ইহা দ্বারা চিকিৎসা করিতে পারিবেন ।

মূল্য ১।০ আনা, কাপড়ে ভাল বাঁধা ১।।০ টাকা ।

বেঙ্গল মেডিকেল লাইব্রেরী, কলিকাতা—২০১ নং কর্ণওয়ালিস্ স্ট্রীট ।

# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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VOL. XXIII. ]

NOVEMBER, 1914.

[ NO. II.

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## CHOLERA.

With the advent of the saline treatment in cholera, for a time it seemed that all the cases of cholera must undergo the saline injections, either subcutaneous or intravenous. Allopathic doctors were elated with the success that attended some of their cases, subjected to the new method of treatment. It seemed that the homeopath would soon be bereft of much of his utility, for in cholera hitherto the homeopath had unbounded sway. Nearly all the cases were put under homeopathic treatment. Case after case was taken away from our hands and placed under the new method of treatment. It must be said to the credit of the discoverer of the new method of treatment that the adjuvants employed were just as simple as those employed by the homeopath. It was very different from the methods that were in vogue prior to this. Certainly the adoption of the giving of plenty of water during the progressive state of the disease and the administration of light mucilaginous drinks during the stage of reaction, had very good effect on the patients. The introduction of a quantity of saline into the system excited the circulation

then and there and restored the equilibrium in many a simple case. Whether this action of the saline was durable and enduring that is a different matter. I have been told by some of my friends in the homeopathic field that the administration of saline often afforded time for the display of the indicated homeopathic remedy. I am not inclined to accept this statement for I have sometimes seen cases that have been treated with saline injections fare very badly in the end. I shall have occasion to refer to it in a case here.

The older I grow and the more I see, I become the more firmly convinced in the immutability of the homeopathic law. It is my firm conviction that the efficacy of Arsenicum and Carbo vegetabilis and Opium and Laurocerasus and Muriatic Acid and Hydrocyanic Acid are just as potent and enduring today as they were the day they were incorporated into our materia medica. When indicated they are more efficacious than the saline or any other vaunted panacea. When I say this, I do not make any dogmatic assertion, but back it with the experience of some thousands of cases treated according to the law of similars. Only lately I have had the opportunity of treating quite a number of cases. The belief in the efficacy of the saline treatment seems to be somewhat shaken in the public mind and people are once again eager to come under the banner of homeopathy. It therefore behoves us homeopaths to be up and doing and try and select the Similimum with the utmost care and precision, for in homeopathy there is no royal road to cure but we must always select our remedy according to the indications of each individual case.

Herewith a few cases that will speak for themselves.

#### I.

**I.** N. C. D's son, aged 3 years, was attacked with cholera on the 12th of April, 1914. He was having frequent rice

water evacuations and the stools contained shreds of white mucus. There was constant nausea but not much vomiting. The child was very restless and there was impending collapse. Colchicum 6x after each motion.

The nausea was gone, the character of the stool was changed but the motions continued unabated. I also learnt that the boy had eaten undigestible things the day previous.

13th April, -- Nux vom. 6x every three hours. I might mention here that we have found Nux vomica to act better in the lower potencies in cases of diarrhœa.

14th April. Patient better in every way. Placebo continued.

15th April. Appears to be slightly feverish and complains of pain in the body. Rhustox 30 one dose.

No more medicine was required and the boy was restored to health.

## II.

S. P. B.—Suffering from cholera came under my treatment on the 12th of April. Frequent motions of rice water consistency. Caused by sedentary habits. Late nights and suppers &c. Nux vom. 6x after each motion.

13th April. Better in every way. Placebo continued. •

14th April. Symptoms of helminthiasis. Cina 200, one dose.

No more medicine was required and the patient was restored to health in a very short time. We have observed Cina working wonders in cases of cholera. If the symptoms are there we give it, it does not matter if we do not see the worms actually. But I have often been able to dislodge big worms by the administration of this remedy.

## III.

K. M. D.—Young man came under my treatment suffering from cholera on the 6th of April.

Had nearly the same symptoms as case I, but the nausea was the predominating feature. Colchicum and Nux vom. having failed to do anything Ipecac 30 was given on the 8th April.

From this time he began improving. He had about four doses of Ipecac which was followed by Placebo and he made an uneventful recovery.

N. L. S,—a boy aged 4 years was attacked with cholera on the 6th of April. He was in the collapse condition when I saw him. The pulse was hardly perceptible. He was having frequent motions of rice water consistency mixed with white mucous shreds. There was constant nausea, but little vomiting. No desire for food and not much thirst either. I began his treatment with Colchicum 30, a dose to be given after each motion. After two or three doses he began to show signs of improvement. Placebo continued after that,

7th April. Placebo continued.

8th April. Shows signs of a relapse. Stools were becoming more frequent, though yellow in color, was still very watery, and gushing on.

\* Nux vom. 6 every two hours. No improvement in six hours.

Croton Tig. 6 after every motion. Slightly better at night.

9th April. Motions still continuing though less frequent, Placebo during the day. No better at night.

10th April. Diarrhoea still continuing though the patient seemed better in other respects. Nothing seemed to check the diarrhoea.

Podophyllum 6x every four hours.

This checked the diarrhoea but the boy made a very slow and tedious recovery as he was very much prostrated by the

prolonged suffering. I gave him a few doses of China 30 and Calc. Phos. 30 during the stage of convalescence.

## V.

N. C. S.—Girl, aged 15 months. This was a very bad case. She came under my treatment on the 8th of April in the collapse condition. Her head was hot but the rest of the body icy cold. She was having frequent watery motions. The pulse was imperceptible.

Acon 3x every hour.

I saw the child again in the evening and found her somewhat better. The stools were less frequent and the general condition also seemed somewhat better. Placebo every 3 hours. In the night I had the report that the girl was worse again. There was very great tympanitis with marked difficulty of breathing, I gave Carbo veg. 30 every hour until relieved.

9th April. I saw her again. She was better but the reaction seemed incomplete. Sulphur 200, one dose.

During my absence from home they came to call me and told my assistants that the child was getting worse again. I heard no more from them.

## VI.

G. J., a young Mohomedan, came under my treatment on the 6th of April, suffering from diarrhoea and vomiting. His symptoms were not very severe but the vomiting was rather distressing. I began the treatment with Ipecac 30.

Although he had not a very severe attack, he seemed to linger long. He was under observation from the 6th to the 13th April and received the following remedies according to indications:—Ipecac 30, Podo 6, China 30, Calc. Phos. 30 and Sulph. 200. He was cured.

## VII.

3. B. S., a fruit vendor, led a very irregular life. He ate at all hours of the day and was given to debauchery and drink. He had an attack of cholera on the 30th of March. A local homeopath was consulted and as he could do nothing the treatment was changed. He was put under allopathic treatment. All the modern methods were tried but nothing seemed to be of any avail. The saline injections seemed to revive him for a time but he relapsed again and was worse than before. For three days he lay in this condition.

On the 3rd of April in the afternoon he came under my treatment. I have seen few worse cases than this. When I saw him he was in the comatose condition. There was no pulse. The breathing was stertorous and hurried. Marked tympanitis. No motions for two days. No urine. Completely unconscious. The end seemed near. Certainly saline did not do much in this case. I gave the patient Opium 6, to be repeated every hour. Of course I had little hope of seeing him again. I had the report at 10 P. M. that after four doses of the medicine he seemed to be slightly better. The respiration was better and he was not breathing so hard. I stopped Opium and continued Placebo through the night. I saw him early the next morning.

4th April. The tympanitis was gone. The breathing was better. He was somewhat conscious. But since 4 A. M. he was having frequent motions, yellow but watery in consistency. As he was so very weak I had to do something promptly. So I gave him Podophyllum 6x after each motion and ordered some barley water to be given as nourishment. In the evening he was somewhat better. But now the stools became almost cadaverous in odour and still there was no urine.

Psorinum 400, one dose.

5th April. I saw him in the morning. He seemed to be very restless. There was partial reaction. He had no more motions after the administration of Psorinum but he passed no urine still and his breathing seemed to be rather hard and catchy. This sort of breathing I dread very much in cholera for I have seldom seen a case of this kind recover.

However, I gave him a dose of Sulphur 200 and thought of Calc ars. as my next remedy. But Sulphur did wonders in this case. Within two hours he passed a copious quantity of urine. He had no more motions but gradually he regained consciousness and was quite well in two or three days' time. It was wonderful how quickly this man became all right. Although he had suffered so much and was almost at the point of death, he recovered very quickly.

## VIII.

A. K., a boy, aged 3 years, was suffering from cholera infantum. Yellow watery diarrhoea, extreme restlessness, great thirst, pulse almost imperceptible.

Acon 3x every 2 hours.

The child came under our treatment on the 4th of April. In the evening he was better in every way but a new symptom developed in the shape of a constant nausea and vomiting. This began to distress the child very much. Ipecac 30, one dose.

5th April—Better in every way. Placebo.

6th April—Child is better but since last night there has been a constant oozing from the rectum.

Phosphorus 200, one dose.

This set that symptom right and the child was all right within two or three days.

## IX.

J. S., a boy, aged 4 years. The trouble began as a diarrhoea, but gradually developed alarming symptoms. He

came under our observation on the 1st of April suffering from diarrhoea with fever and a flushed face.

Belladonna 30 every three hours.

Much better in the evening. Placebo.

2nd April. Took a worse turn again, was very restless, diarrhoea continuing, no urine, slightly delirious.

Rhustox 30, twice every 4 hours.

3rd April—Better. Placebo.

4th April—The old symptoms re-appearing again. Rhustox 30 one dose. (Lilienthal says Rhus should not be changed in a hurry.)

5th April—Child appears better in every way excepting a slight diarrhoea.

6th April—diarrhoea continuing, suddenly heart complications made their appearance. Argent. nit. 30 every three hours.

Argentum relieved all the symptoms and the child gradually improved. During convalescence he required a few doses of China 30 and Calc. Phos. 30. He is a hale and hearty boy to-day.

## X.

J. W., mother of case No. 9, came under our observation suffering from a bad attack of cholera on the 1st of April. She had been suffering from the previous day. She was still in the collapse condition and was gradually developing uremic symptoms. Extremely restless, tossing in bed, the whole body icy cold, no pulse, constant nausea and great agony. No urine for over 48 hours.

Tabacum 30 every 3 hours.

I went to see the case in the evening. She had four doses of Tabacum during the night. Passed a large quantity of urine the next morning and began to improve steadily. No more medicine was required.

11. A. C. D., a young man suffering from an attack of violent choleraic diarrhoea. A few doses of Podophyllum 6x set him right.

12. S. N. C., a young man in Howrah, had been suffering from an attack of cholera for three days. He was under the treatment of another homeopathic physician and was much better. But the reaction was not complete and the patient's people began to be anxious about him and so I was called in consultation. One dose of Sulphur 200 brought about a complete change and the patient was all right the next morning.

13. H. A. M., a Mohamedan boy, aged 2 years, was suffering from cholera infantum. He was under the treatment of another physician for sometime. He came under my observation on the 20th. of April. Some of the symptoms were relieved by the remedies prescribed by the other doctor but the child did not seem to rally. Sulphur 200 one dose improved his condition very much. I heard no more about the case.

On the 25th of April I was called again. The child had developed hydrocephalus. There were shrill piercing screams, alternate drowsiness and restlessness, his face looked puffy and swollen. Passing a few drops of urine occasionally. No stool for two or three days. Pulse frequent and irregular. Altogether a very bad picture indeed. Apis 200, one dose, followed by Placebo brought about a complete change in his condition and he made a gradual but steady recovery. From this time he was kept steadily under my observation.

J. N. M.

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## PROVINGS OF KALI PHOSPHORICUM.

*(Continued from page 320, No. 10, Vol. XXIII).*

### SUMMARY.

**MIND**—Despondency (6th day with 30th ; 8th day with 200th ; 2d to 7th day with 1000th).

Taciturn and inclined to be irritable (8th and 9th days with 200th ; 8th day with 1000th).

Memory defective for familiar names (6th day with 30th ; 7th day with 1000th).

Difficulty in getting words to express ideas (7th and 8th days with 1000th).

**HEAD**—Dull aching in the occiput extending through the base of the brain (2d day with the 30th ; 4th to 9th day with 1000th) ; > by eructations of gas (2d day with 30th) ; with vertigo, > by eating (11th day with 200th ; 6th day with 1000th) ; < by shaking the head (9th day with 1000th).

Sharp pains from the orbits outwards to the temples, > by pressure on the temples (9th day with 1000th).

Scalp itches intensely, < in evening (2d to 4th day with 200th ; 4th to 8th day with 1000th).

**EYES**—Lachrymation profuse (2nd day with 1000th).

Must frequently wipe away the mucous secretion in order to see clearly (9th day with 200th).

Conjunctivæ inflamed, with a bland mucous discharge (7th day with 30th ; 4th to 11th day with 200th).

Sensation of sand under the lids (4th to 8th day with 30th ; 3d to 7th day with 200th ; 3d to 6th day with 1000th).

Eyeballs sore, painful when touched or turned (7th day with 30th ; 10th day with 200th, 5th to 7th day with 1000th).

Eyelids much swollen and red (7th day with 1000th).

Eyelids agglutinated in the morning (5th to 8th day with 200th ; 3d to 5th day with 1000th).

Margins of eyelids itch (9th to 11th days with 200th ; 6th to 8th day with 1000th).

EARS—Pustule on the inside of the tragus of the left ear near its base (2d day with 200th).

NOSE—Thick, yellow, mucous discharge from the nose, crusts form during the night and are expelled in the morning, often bloody (23d day with 30th ; this condition remained for several days and then gradually improved).

Sneezing in the morning with thick, yellow, mucous discharge from the nares (10th day with 200th). The catarrhal condition increased again during the proving with the 1000th, but not so markedly as with the 200th.

Pimple on the inside of the right alæ nasi (10th day with 1000th).

A crack on the tip of the nose at the junction of the left alæ nasi and the septum (11th and 12th days with 1000th).

Small water blisters developed on the margin of the left alæ nasi (4th day with 200th). They spread and coalesced on the second day, forming a crust which dropped off on the sixth day (9th day of the proving).

A festering pimple at the junction of the right alæ nasi and the lip (4th day with 200th ; 8th day with 1000th).

FACE—Intense itching of the face under the beard, < in the evening (2d to 4th day with 200th ; 4th to 8th day with 1000th).

Itching pimples on the forehead and face (5th and 6th days with 200th ; 7th day with 1000th).

Face peeling all over with itching (6th day with 1000th).

MOUTH—Teeth painful, feel sore when pressed together (7th day with 30th ; 10th day with 200th ; 4th day with 1000th).

Upper teeth right side sore, with grumbling pain (4th day with 200th).

A dead tooth (with fistulous opening) is ulcerating\* (6th day with 30th ; 5th day with 1000th).

Gums pale, swollen and sore (5th to 8th day with 30th ; 10th day with 200th ; 2d to 5th day with (1000th).

Foul, bitter taste in the morning ( 5th to 8th day with 30th ; 2nd to 5th day with 1000th ).

White coated tongue in the morning\* ( 5th to 8th day with 30th ; 2nd to 5th day with 1000th ).

Edges of tongue sore ( 6th and 7th days with 30th ; 2d, 3rd and 10th days with 200th ).

Saliva profuse and thick (2d and 3d days with 30th. )

Saliva profuse, ropy, with salty taste ( 26th to 30th day with 30th ).

Roof of mouth swollen ( 10th day with 200th, 5th and 6th days with 1000th ).

Offensive odor from the mouth ( 5th to 8th day with 30th ; 2d to 5th day with 1000th ).

THROAT—Pharynx feels dry with the sensation of a husk in the upper part ( 6th day with 30th ).

Swelling all through the throat, bluish red, tonsils enlarged, with soreness < at night ( 26th to 30th day with 30th ; 10th day with 200th, 3d day, but with less marked, with 1000th ).

Aching in the throat just below the tonsil at the right of the larynx in the evening ( 3d day with 30th ).

Gland swollen at the right of the larynx ( 10th to 12th day with 200th ; 5th and 6th days with 1000th ).

Painful glandular swellings on the right side of the throat and neck ( 26th to 30th day with 30th ).

An abscess discharged into the throat just at the right side of the larynx, in the same location where the pain was felt on the third day of the proving ( 31st day with 30th ).

**STOMACH.**—Appetite increased (2d to 6th day with 30th ; 1st to 6th day with 200th ; 2d to 4th day with 1000th ).

Appetite lost (through the proving from the 7th day with 30th ; from 9th day with 200th , from 6th day with 1000th ).

Gaseous eructations < after eating ( continued through the provings with 30th, 200th and 1000th ).

Qualmishness < in evening (2d to 4th day with 1000th ).

Empty, gnawing sensation in stomach, > for a short time only by eating ( 2d to 5th day with 30th ; 9th day with 1000th ).

Empty faintness throughout the stomach and abdomen ( 8th day with 30th ; 11th day with 200th ).

Trembling sensation, with emptiness in stomach before breakfast (2d day with 200th ).

Heavy weight in stomach before dinner, not > by eating ( 11th day with 200th ).

Pains shooting from the stomach into the chest, > by eructations of gas ( 8th day with 200th ).

**ABDOMEN**—Pains shooting from right hypochondrium into the chest while lying upon that side in the morning ( 4th day with 30th ).

Borborygmus ( 3d day with 200th ).

Flatulent colic in the afternoon ( 3d to 5th day with 1000th ), in descending colon ( 5th and 6th days with 200th ), in hypogastrium (7th day with 200th ).

Abdomen painfully full of gas and sore to the touch ( 3rd to 5th day with 1000th ).

**STOOL**—Offensive, undigested stool, followed by uneasy urging to stool, as though not all was expelled, in evening ( 4th and 5th days with 30th ; 2d day with 200th ; 2d day with 1000th ) ; after breakfast and supper ( 4th day with 1000th ) ; after every meal ( 6th day with 30th, 3d day with 200th ).

Constipation, with frequent uneasy urging to stool, often ineffectual, sometimes a small stool is passed without relieving the urging ( continued through the proving from the 7th day with 30th; from 9th day with 200th; from 5th day with 1000th ).

Much offensive flatus is passed ( 2d to 7th day with 30th; 1st to 7th day with 200th; 2d° to 6th day with 1000th ).

URINE—After micturition, a few drops of urine moisten the linen ( through proving from 5th day with 30th; from 3d day with 200th, from 2d day with 1000th ).

MALE SEXUAL ORGANS—Sexual passion increased, erection persisting even after dressing in the morning ( 3d and 4th days with 30th ).

Sexual desire strong in the morning but upon attempting intercourse, almost complete impotency; erection incomplete; emission immediate, with slight thrill, followed by great exhaustion ( 10th day with 30th ).

Involuntary emission of semen during sleep ( 20th day with 30th, 8th day with 200th ).

Sexual instinct depressed (through proving from 10th day with 30th; from 9th day with 200th; less markedly with 1000th ).

COUGH—A dryness in the trachea, just below the larynx, causes a cough—no expectoration ( 6th day with 1000th ).

EXTREMITIES, UPPER—Soreness in muscles of right shoulder, painful from motion ( 3d day with 1000th ).

Aching in shoulders, > by motion ( 5th to 10th day with 30th ).

Muscular soreness in both shoulders in the morning on awaking, with drawing pain from right shoulder to the hand < by lying upon it ( 5th and 6th days with 30th ).

EXTREMITIES, LOWER—Drawing pain from lumbar

vertebræ down the whole length of the right leg, following the sciatic nerve, > by walking ( 8th day with 30th ).

Heavy aching in the knees extending to the ankles, > by walking, ( 5th to 10th day with 30th ; 7th to 9th day with 1000th ).

After retiring legs cold, both subjectively and objectively, with drawing pains from knees to ankles, so severe that I could scarcely keep from groaning ; most severe on the right side, < by getting thoroughly warmed ( 11th day with 30th ).

Aching extending from the sole of the left foot to the knee < by walking ( 10th day with 200th. )

Lameness in sole of right foot ( 6th day with 30th ).

GENERALITIES—Muscular soreness and pains > by motion ( 7th and 8th days with 30th ).

Physical debility ( 8th day with 200th ; 2d to 7th days with 1000th ).

SLEEP—Sleepiness with yawning ( 4th to 6th days with 30th ; 2nd to 9th days with 200th ).

Dreamed a burglar was in the house ( 2nd day with 1000th ).

FEVER—Feverish and chilly by turns in the evening, with general aching > by walking about ( 7th day with 30th ).

Awoke at 1-30 A. M. with a profuse sticky sweat in the popliteal spaces, also a slight moisture in the bends of the elbows, none perceptible elsewhere ( 2d day with 1000th ).

SKIN—General itching when undressing in the evening > by scratching ( 5th day with 200th ; 4th to 6th days with 1000th ).

Intense itching on third and fourth toes of right foot at 1-30 A. M., also general itching ( 2d day with 1000th ).

General itching over the body during the day ( 6th day with 1000th ).

CONDITIONS—General relief from gentle motion, vigorous

exercise, however, seems to < on account of muscular soreness.

General relief of pain from warmth.

#### CLINICAL CONFIRMATION.

April 1st, 1890. Mrs. S—, æt, 40 years, applied for medicine for a severe menstrual headache which began yesterday. This is a monthly visitor and usually precedes and continues throughout the flow. The pain is severe in the occiput, also over the right eye > from hot applications or from gentle motion < by noise. She is excessively hungry with the headache.

Kali phos. 1000.

A powder to be taken every hour until improvement begins, then placebo. Two powders only were needed.

(*Transactions of I. H. Association, 1890.*)

### PUTTING AWAY CHILDISH THINGS.

BY DEWITT G. WILCOX, M. D.

\*As one stands on the deck of an ocean liner, sees the last gang plank lowered, watches the remaining hawser unslung, and senses that mighty citadel of steel slipping away from the stable shore, he instinctively feels that he has put away from him, not only many of the material things which are woven into the fabric of his life, but many of the traditions which have become part of him. For the nonce he has put away an old life, with all its associations and companions, and has entered a new world. In leaving the shore and sailing out into the ocean the transition is so rapid and subtle that were one to close his eyes for a brief period he would, upon opening them, be startled at the transformation. One

moment it was the unshaken earth, the next the unstable sea.

In our beliefs and views of life there is a close analogy to this moving picture. For years, nay it may be for a life-time, we have been following an idea, a thought, a belief, even a conviction, when suddenly the mental hawser is slipped and in the twinkling of an eye we see that once well grounded belief slip from our mental grasp and we are afloat upon a sea of strange surroundings. About us are bobbing weird craft with unreadable names, fascinating because of their unreality. As an illustration, we have, since the time of man, had the conviction borne in upon us that we are earth bound creatures ; that the upper domain of air and limitless space has been and always will be forbidden territory to us. Even the daring attempt of Darius Green had not shaken that conviction, when suddenly in a night a magic force is born and snatches us from off our earth-clogged feet and sweeps us aloft into those forbidden realms where theretofore only imagination dared soar. We have become creatures of the air before our mind has adjusted itself to the change.

Note how the Darwinian theory snapped the cables of many whose stable belief was apparently anchored to the everlasting rocks. Then came the discovery of ions which showed that our old habitation of the molecular world was out of date and good only for the scrap heap, and that we were living amongst infinitesimals of which we had not yet dreamed.

Again the world-old belief that has made man man, and woman woman, in that he was master and she was slave or plaything, is being so rudely jerked from its heretofore unmoveable moorings that we poor men do not know whether we are floundering upon an unknown sea with nothing more stable to grasp at than a banner marked, "Votes for Women,"

or falling through space with nothing softer to alight upon than that of an "equal suffrage platform." One moment we fear our end has come, and the next moment we fear it will not.

In all these transformations we are putting away childish things. The man who never leaves his own shore, who has never experienced the slipping of the cables, is apt to become narrow in his vision and dwarfed in this growth. So it is with the mind which has anchored itself to old beliefs and refuses to investigate new ones. Not all of these mental voyages, however, are profitable and safe. There is many a doctrinal "Titanic" and "Empress of Ireland" ship which promised well even better than older or more modest craft, but which has carried its venturesome travellers to ruin or death because such ships were not correctly chartered, or they were run contrary to the fundamental rules of moral sailing.

When Paul wrote his letters to the Corinthians ( who seemed never to have answered them ), he said, "But when that which is perfect is come, that which is in part shall be done away. When I was a child I spake as a child ; I thought as a child ; I understood as a child ; but when I become a man I put away childish things."

The world is becoming full grown. That which was in part is being cast aside. It is putting away childish things. Whilst on the one hand we must avoid the "Titanic" and "Empress" ships, we must not, on the other hand, refuse to change our beliefs lest we err.

One of the childish things which we are putting from us, and which is fast fading into the mist as the ship slips forward, is our estimation of morality and the application thereof. The world has today placed a higher value upon morality than at any time in its history, and it is fast becoming discriminating judge as to what constitutes morality.

It is also putting away the childishness of setting up one standard of morals for men and another for women. In this fight for a better and uniform standard of morality the doctor has become a conspicuous soldier, and we as a national society of physicians are deeply concerned with all problems where the moral and physical welfare of the race is affected.

In the fight against prostitution we have just begun to make progress because we have put away the childish but world-old belief that prostitution is a necessary evil and must therefore be recognized by segregation and license. Some one has well said, "If it is necessary, it is not an evil; and if an evil, it is not necessary." No evil has ever been or ever will be eradicated by a compromise, and segregation is but a compromise. Europe and Asia have learned to their sorrow that segregation and certification instead of checking the evil tends but to perpetuate and extend it. Only last month I read in a medical journal an editorial which astonished me beyond measure of its clinging to the worn-out belief that we must "compound a felony." The closing sentence of the editorial was that "the moral element in a community, unfortunately, cannot abolish prostitution; distressing as it may seem, the greatest good in vice crusades can be accomplished by effecting compromises with evil." If a thing is evil, it is evil, and to compromise with it is to give it recognition as good. That editor has not put away a very childish thing; he sees through a glass darkly.

No greater slogan for the control of evil was ever devised than the one word, *Publicity*. Because of that fact the "Kenyon injunction red light bill" is working great good in that it not only seeks to evict the inhabitants of houses of prostitution, but places the premises, the furnishings, and the inmates under strict surveillance of the law so that, none of them can ever again be used for like purposes. Herein the

physician becomes morally responsible for using his influence in forwarding and endorsing such a law and placing it upon the statute books of all our states. The working of that law has demonstrated in three states that prostitution can be abolished.

The next step towards radical betterment in this line is that of reporting venereal diseases. There can be no dodging this responsibility. It must come, and it rests largely with the medical profession to bring public opinion up to the point of demanding it. We can all well recall the hue and cry which went up when the question was first agitated relative to reporting tubercular cases, "the injustice to the patient and his friends," but how quickly that adjusted itself when once in operation, and how salutary has been the innovation. The same would prove true if there were in force a law requiring the reporting of venereal diseases. Not only should such diseases be reported, but the law should go still further and set a close watch upon the victims of these diseases, reducing to the minimum the possibility of spreading infection. This could be done by making the doctor, who reports the case, a probation officer over the patient, holding him (the patient) to a strict account for his conduct until cured, thus placing him beyond the possibility of carrying the disease further. One of the requirements of this probation should be a strict prohibition against marriage while under such treatment. We are only just awakening to the full realization of the ravages caused by gonorrhœa and syphilis. Ex-Secretary Stimson said in his report : "The high percentage of venereal disease continues to be the reproach of the American army, and the daily average number of those sick from that cause during the past calendar year was larger than the daily average number of those sick from all other of the more important diseases combined. I believe that the ultimate

causes which make the record of our army in this respect shameful beyond that of the army of any other civilized nation are inherent in our *own* shortcomings as a *nation* in dealing with this matter. So long as in our *civil* communities and particularly our larger cities, we continue to close our eyes to the magnitude and extent of the evil and refrain from attacking it with all the weapons which modern scientific knowledge places in our hands, it cannot but be expected that the younger men of our army, leading the abnormal life of the soldier, will show the effect of the evil to a marked degree."

The Director General of the Army Medical Department in England reported this year that 31·8 per cent of the total disability amongst members of the British army for the year 1910 was due to venereal diseases. He further reported that from 1900 to 1909 the army recruiting station rejected 1,516 applicants because of syphilis, while there were only 725 rejected because of tuberculosis.

If it were true that only the guilty suffer by the prevalence of these loathsome diseases, we might perhaps be content to sit back with folded hands and say, "Let nature be the jailer and the executioner."

But note these significant figures, which smite our apathy like whiplashes: In England during 1910 the number of deaths due to syphilis amongst infants under one year of age was 1·23 per hundred thousand; the same due to diphtheria was ·30 per hundred thousand; the same due to gastrointestinal catarrh was ·58 per hundred thousand. Nearly two and a half times as many infants under one year of age died in England in one year from congenital syphilis as died from gastrointestinal catarrh; and what is true in England is approximately true throughout the civilized world.

We are carrying on a nation-wide campaign for pure milk

and baby hygiene ; we are enacting laws, educating the people, and insisting that the bottle-fed infants shall be protected and given a chance to live. All of this is excellent and highly necessary, but consider that where one infant dies as a result of impure milk nearly three die of a preventable disease against which we are scarcely raising a finger.

Again we have put away the childish thing of fearing to tell our children, when they reach the age of understanding, that great truth, the correct understanding of which bears so heavily upon their future moral and physical welfare, reproduction, or what I think a better term, "personal hygiene." The good already attained by following the same and sensible method of giving the growing child the essentials of the physiology of reproduction is already apparent in the improved moral tone of the children and youth.

Ella Flagg Young, Superintendent of the Public Schools of Chicago, said last week before the Biennial Convention of the General Federation of Women's Clubs, in speaking of the accomplishment of this kind of teaching in the public school, that the girls enlightened left the lecture halls with uplifted chins in consciousness of the womanhood that was in them, instead of with the smirks of ignorance. Mrs. Young said that when it became apparent that public sentiment demanded the teaching of personal hygiene in the schools here—she was reluctant to take the responsibility.

"I went to Dean Sumner," she said, "and I told him that it was the duty of the church. He declared that it was the duty of the public schools. We argued it long and often, but finally \$ 10,000 was appropriated by the city to get the lectures, and I had to do it.

"I listened to the lectures before they were made public and became convinced of their value. They teach respect for

the body, and this respect will solve the problem of personal hygiene."

Could we have our choice and could we be assured that all children could get such information from enlightened, moral parents, we should naturally much prefer that the boys and girls should receive this delicate information from the home and at the fireside, but as such is obviously impossible, it is much better that the child should receive it in the classroom from a competent physician, man or woman, than not get it at all. I do not believe that we are yet ready to have the subject of sexology taught in open classes from a textbook; first, because we have neither the proper books nor the proper instructors; but we are ready to have the younger children taught the fundamental truths of biology in such a way that their minds will be amply prepared for the reception of the greater and higher truths which will come later by a personal talk. It has been interesting to me to note that in the vast majority of instances the men and women who are opposed to this kind of instruction, either in the home or school, are those who have no children or who come least in contact with them. Here again the physician has a responsible part to play, and it becomes his duty to prepare himself to aid in this forward movement. He should, however, keep well in mind the sacredness of his mission in thus imparting information to the impressional, plastic mind, upon a subject so vital to the stability of a nation's physical and moral welfare. Such a physician should have a high sense of ethics and impart the truth with all the dignity, sobriety, and truthfulness which it is possible to put into the transmission of a subject so delicate.

It is but a step from the subject of sexology to that of eugenics, another place where our childish ideas must be surrendered. I don't know but that some people feel toward

the term "eugenics" as did the Englishman toward the term "Monroe Doctrine." "A friend met him on the street and said, "Hello, Smith! I understand you don't believe in the Monroe Doctrine." "You are mistaken," said Smith, "I do believe in it, I swear by it, I would lay down my life for it. What I said was that I did not know what it was."

An English poultry breeder has said that he could breed the stars and stripes, or the Union Jack upon the wings of a fowl if you would give him time; and what the poultry and stock breeder can do for the physical characteristics of the animals, the eugenist can do, in part, at least, for the physical, moral and intellectual improvement of the human animal, if you will but give him time. The opponents of this teaching claim that it will do away with all sentiment, and even love; in marriage, and make of it a physical bargain for breeding children. Moreover, that it will work a great hardship to the physically unfit. But the contrary is quite the fact. Marriage without sentiment and love is an abject failure, and any Utopian plan for the betterment of the race, however meritorious, will reek of failure before it accomplishes its end, if love is not the bulwark of the union.

\* The whole idea of eugenics is to teach the children to think in terms of good health, just as we are and have been teaching them to think in terms of honesty and truthfulness. A child so grounded in the lesson will instinctively be honest and truthful, and shrink from those who are not. To think in terms of good health means to shrink instinctively from selecting as life partners the defective, the helpless, the undeveloped, or the hopelessly ill.

*(To be continued.)*

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# THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and  
collateral sciences.

The knowledge of disease, the knowledge of remedies and the  
knowledge of their employment constitute medicine.

—HAHNEMANN.

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## ALLIUM CEPA.

Cepa is the common red onion that we use. It belongs to the natural order Liliaceæ and the tincture is prepared from the onion itself. Sometimes the whole plant gathered in August and September is used.

Clinically it has various uses but principally it is the great remedy for coughs and colds. In colds, running from the eyes and nose is the great characteristic. In this respect it is similar to Euphrasia. There is burning in the eyes and nose, something like Arsenic. The coughs and colds are made worse in the warm room and relieved in the open air. Cepa has a toothache that is also peculiar. Cold water relieves the toothache, like Coffee. Cepa has a peculiar affinity for the left side like Lachesis. It is useful in facial paralysis particularly of the left side. "A raw onion eaten just before going to bed is a common remedy for sleeplessness—Clarke."

We generally use the lower potencies.

J. N. M.

## PUTTING AWAY CHILDISH THINGS.

*(Continued from page 344, No. 11, Vol. XXIII.)*

While we perhaps may not have ambition to stamp the stars and stripes conspicuously and indelibly upon the tender anatomy of every new-born American child, lest his patriotic desire to exhibit it upon all occasions lead him into trouble ; yet if the laws as enunciated by Galton and Lamarck and Mendel prove to be dependable, we can stamp our American children with something far more desirable than the mere imprint of the flag. We can stamp them with all that America stands for : patriotism, sobriety, sanity, morality, industry, honesty, and an epitome of the Golden Rule.

As one writer puts it, "Why should we utilize all this new knowledge, all these immense possibilities of control and creation, only for pigs and cabbages ? In this era of conservation should not our profoundest concern be the conservation of human protoplasm ?" As another writer says, "There is no wealth but life, and if the inherent qualities of life fail, neither battleships nor libraries, neither symphonies nor free trade, nor tariff reform, nor anything else will save the nation."

How then may we apply to a practical end the knowledge which the study of eugenics gives us ?

First, by creating an enlightened public opinion. No law was ever successfully administered which did not follow a definite demand of public opinion, and an enlightened conscience. Hence we should go slow in the enactment of laws looking toward restriction of marriages within too circumscribed lines. At present we have reached a stage of public enlightenment where we can prohibit certain classes from marrying, and receive the support of public opinion, such as the insane, feeble-minded, epileptics, degenerates, confirmed

criminals, sexual perverts, and habitual alcoholics. We can withhold in abeyance marriage permission in such cases as the syphilitic, gonorrhœic, the tubercular and paralytic. We can demand a reasonably clean bill of health in all marriages. But, far better, we can continue in season and out of season a campaign of education until it will become as natural for young people in selecting life partners to exercise the same caution based upon physical and moral fitness, as it now is for them to select partners of sound mind.

Royalty rarely marries outside the realm of royalty. Jews rarely marry Christians. Catholics seldom marry Protestants. Yet they are all in one society, all mingle freely. Early education has influenced the mind of the youth so indelibly with certain facts, that the seeker for a partner finds no attraction with one of another creed or sect.

Just so would education in eugenics impress itself upon the youth of the next generation, that physical weakness, superficiality of mind, tainted family history, the exhibition of traits of moral obliquity, or the slightest evidence of a personal disease would so turn the mind of the seeker or the sought that love could not find lodgment.

Again we follow the admonition of the apostle and put away a very cherished "childish thing." In any question pertaining to the welfare of the human body the physician becomes the high priest, and his word and attitude go far toward moulding public opinion upon that question.

The physician's attitude has ever been on the side of physical betterment for the race in so far as his knowledge permitted him to go. True, he has erred many times through tradition, prejudice, and ignorance, but a persistent determination to reach rock-bottom truth has ever characterized his actions.

There is one subject today upon which his attitude has

much to do with the physical welfare, the sanity, and even the normal perpetuity of the human race. That subject is alcohol. Until recently his attitude upon this subject has been clouded by a mist of verbiage in trying to say that alcohol is good or a poison. That question can now be swept aside entirely in the practical determination of the matter. If the eating of frankfurts were adequately proven to cause physical, mental, and moral deterioration, defective progeny, and a numerical death rate in excess of typhoid fever, what would it avail to prove that frankfurts were a food? It would be a food like the Scotchman's fiddle with a "heavenly croak." Thanks to our painstaking pathologists, laboratory workers, chemists, clinicians and specialists, we have at last reached something like unanimity upon the question of alcohol.

The questions which now seem settled are: (1) That alcohol has no place in medicine; (2) That whether food or poison, its consumption is productive of physical and mental degeneracy; (3) That its effect upon the higher moral centres is the one great productive factor in criminality; (4) That its baneful influences are inherited to the extent of producing mental defectives, idiots, imbeciles, epileptics and lunatics. With a practical unanimity of opinion upon these four points, what is the duty of the medical profession towards alcohol?

True, there are some men yet in the profession who will question the statement that alcohol has no place in medicine, but it is up to them to show what that place is. Certainly its old time "habitat" as a "stimulant" has been cleaned out utterly routed. Instead of being a preventive of *any* disease, statistics and the lantern slides show conclusively it is the best possible "persuader" of *all* diseases because it lowers the opsonic index and the body resistance. That it hastens a

fatal termination of all brain, pulmonary, kidney, liver, circulatory diseases is likewise proven.

Where, then, has it a place in medicine except to occupy the nurse in rubbing it on the outside of the body ? Another misunderstood phase of the alcohol question seems also of immediate solution ; that is, the damaging effects of even *small* doses of alcohol. As guardians of the public health there is but one attitude for the medical profession to take upon this question of alcohol, that is, its prohibitive use.

No compromise will effect the desired end. All of our leading alienists are of one mind, namely, that alcohol is the greatest single independent cause of insanity.

There is still another side of this alcohol question, and perhaps the most important side, and that is its effects upon the higher moral centres. Society can exist only by virtue of a full and normal recognition on the part of each individual of the mutual rights of one another. When a large number of individuals through the influence of a drug environment or heredity begin to have a lessening of the perceptions of right and wrong, then the real foundations of society are in jeopardy. One of the early effects of alcohol upon the novice, is a lessening of that appreciation of the right relations of things which makes him a normal being. He then commits errors of judgment, has a lessening of the will power, commits infractions of social laws, disregards authority, and ultimately commits crime. Then come in his wake the alcoholic offspring, born with a warped judgment and a perverted moral sense. Thus is the criminal class created.

The use, either moderately or in excess, of alcohol is no longer a question of temperance or of sentiment. It is no longer a question of personal privilege. It is a question of social economics. There is no question of sentiment or personal privilege in allowing the leprous patient to mingle with

normal beings, because his presence there is a menace. A man cannot claim the personal privilege of taking alcohol when by so doing he runs the risk of becoming a greater menace to public than a leprous patient would be. It is the duty of the profession to bring a campaign of education with that end in view :—to give the public a full knowledge backed by the endorsement of a united profession that alcohol even in moderate doses will produce cell irritation, in proportion to its continued use, which ultimately for the body, will produce increased blood pressure, impairment of the arterioles, deranged function, destruction of tissues, premature death ; for the brain, perverted judgment, moral obliquity, diminished will power, crime ; for the offspring, physical instability, mental deficiency, idiocy, epilepsy, insanity ; for society at large, the needless expenditure of millions of money, for hospitals, asylums, poor houses, potters' fields, criminal courts, policemen, jails, penitentiaries, executioners ; and, finally, poverty, misery, and a hell on earth for millions who might find it a heaven.

We are just beginning to reach that state of mental maturity when we no longer look upon crime as a thing emanating from the totally or partially depraved. In fact the so-called class of depraved is beginning to be regarded as the mentally ill, the defectives, or the unfortunate victims of circumstance. Heretofore this subject has been regarded as one distinct by itself and to be treated only by the criminologist, the jurist, and the legislator ; but our eyes and our understanding are beginning to see and comprehend that there is a physical side of the question which must be reckoned with. That there is a "psychology of crime" we cannot doubt, and it behooves us as physicians to study the subject thoroughly in all its phases. That the criminal must be punished for his crime, there can be no doubt ; but the punishment, to be of lasting

benefit, must be educational and corrective. If the criminal is a defective, or a pervert, then his punishment should be administered in a form to cure him of the perversion, or if incurable, to for ever safeguard him from further crime, and also to prevent him from reproducing his kind. To allow such perverts or defectives to propagate their species is to have to deal for ever, in increasing ratio, with crime and the criminal.

Arthur McDonald of Washington, in a series of articles makes a strong and unanswerable plea for the establishment of laboratories for the study, not of *crime*, but of the *criminal*, just as the physician studies cancer, tuberculosis and cholera. He says :

"Government pay out millions to catch, try, and care for criminals, but give very little to study the causes that lead to crime. The patient and extended study of man, especially study of the child, is to gain more definite knowledge about him and a deeper insight into his nature. The time has certainly come when man, as he is, should be studied as much as nature.

"The prison should be a reformatory and the reformatory a school. The principal object of each should be to teach good mental, moral and physical habits. Both should be distinctly *educational*.

"It is detrimental financially, as well as socially and morally, to release prisoners, when there is probability of their returning to crime, for in this case the convict is much less expensive than the ex-convict.

"The ground for the imprisonment of the criminal is first of all, *because he is dangerous to society*. This principle avoids the uncertainty that may rest upon the decision as to the degree of freedom of will ; for upon this last principle some of the most brutal crimes would receive a light punishment. If

a tiger is in the street, the main question is not the degree of his freedom of will or degree of guilt. Every man who is dangerous to property or life, whether insane, criminal, or feeble-minded, should be confined, but not necessarily punished.

"The publication in the newspapers of criminal details and photographs is a positive evil to society, on account of the law of imitation ; and, in addition, it makes the criminal proud of his record, and develops the morbid curiosity of the people ; and it is especially the mentally and morally weak who are affected.

"It is admitted by some of the most intelligent criminals, and by prison officers in general, that the criminal is a fool ; for he is opposing himself to the best, the largest, and the strongest portion of society, and is almost sure to fail."

"In another way is the physician called upon to safeguard the public, and that is in watching immigrants more closely. In this great country of ours, with its millions of unused acres, we might as well talk of getting along without rain or sunshine as to talk of developing our country without the aid of immigration. A few years ago I stood in the office of the Inspector of Immigration at Ellis Island and heard him say this : "If there had been no immigration to the United States during the last one hundred years, and had the negro multiplied by propagation at the same ratio as he has in the past, this country would today be as black as San Domingo." But there is a reasonable limit to this influx, necessary though it be, and if we placed as much emphasis upon the physical and mental qualifications of those whom we admit, as we do upon the racial qualities, we would be safeguarding the future of our country immeasurably more than at present. Not only should the individual be scrutinized more searchingly as to his physical and mental standing, but his immediate progenitors

should be considered as well. The offspring of defectives and criminals should be placed upon the probation list and admitted only after they have demonstrated their ability to make good and law-abiding citizens.

The Editor of the *North American Journal of Homeopathy* says : "Congress should amend the Immigration law in the matter of the time within which deportation can be made. The present limit is three years, but this period is too short and should be increased to five years, the time which must elapse before an alien can become a citizen of the United States. An alien who is incurably defective, or a confirmed criminal, should be deportable at any time after arrival but subject to the discretion of the public authorities when he has lived in the United States more than five years. This would relieve the overcrowded condition of our asylums, hospitals and prisons and ultimately reduce the heavy burden now imposed upon the various state treasuries. The 2,234 removed from New York state in 1913 at a total expense of about \$37,000, would cost \$3,485,040 to support. Removal is therefore, a far more economical method of dealing with dependent aliens and non-residents than maintenance, while it is also, the best for such persons as it restores them to their homes and to the care of their friends."

Thus far I have tried to show some of the subjects wherein we as physicians are particularly related to the world about us. I have endeavoured to point out some of the old methods or customs, which we have apparently outgrown, and which should, like childish things, be put away from us. Now I would like to point out some things which are not childish, and which should not be put away.

Changes do not always mean progress. There are certain old-time customs and traditions which are seemingly so good that they cannot be improved. One of these is the tradition

that medicine is a profession and not a trade. The tendency to commercialize it is one of those changes which should be strangled in its incipency. From the time of Esculapius, Paracelsus, and Hippocrates, up to the twentieth century, medicine has had its ideals which placed it high above commercialism. The physician is engaged in a humanitarian order of work, which cannot be weighed by gold, nor measured by the standard of the dollar bill. Some of it is priceless, and to seek at all times to keep it down to the sordid value of money, stultifies the physician and makes ignoble his profession. I feel that we cannot too forcibly impress upon the minds of our medical students the iniquity of engrafting commercialism in its crude form into the medical profession. I sometimes fear that in our efforts to teach the students to be businesslike in their work we are giving them a license to commercialize it. It is here that we should draw the line distinctly between straight, honest, old-fashioned business methods and those which are employed in the present day to drum up business, by paying well for securing it.

The young physician just out of college is advised by his well-meaning business friends, whose conception of success means a large money income; to use business methods to get business, to advertise, to pay commissions, to discount for cash, to treat lodge members or communities at a wholesale price, to do work on a cash basis, to refuse credit to patients who are behind in their bills, to make no discrimination in prices to rich or poor, to do no work for nothing, in fact, to make of himself a doctor tradesman, putting out of his heart all humanitarian feelings, blinding himself to the fact that he is distinctively called upon to minister to the unfortunate and afflicted, and schooling himself to look upon sickness, suffering and deformity as so much raw material which he is to make over into a finished product at so much per, for spot

cash only. The strange part of it is that when these same business men see the doctor practise these methods they are the first to condemn him, as instance the following :

Some years ago the public press reported throughout the country the action of a certain young physician in a town in Pennsylvania. He was called by some one to attend a child who had been injured upon the street. The child had been carried to a near-by drug store, where the doctor found him with a bad scalp wound. As the usual curious and interested crowd surged about on the outside, the doctor skilfully cleaned and sutured the gaping wound and applied the bandages. Then turning to the friends he asked who was responsible for the payment of his bill. Nobody responded. Inquiries through the crowd failed to find a responsible party. Then he did the supposedly high class thing which every up-to-date business man feels he has the perfect right to do. He took back the goods for non-payment. He removed the bandages and out the sutures, leaving the wound as he found it. But the crowd did not leave him as they found him. They rode him on a rail and mobbed him out of town, as they ought to have done, and as he deserved.

The crowd had not been educated up to the very latest idea which some would advocate, that medicine has no traditions, that it is a trade to be followed with business methods. They still believed that medicine had as its basis a humanitarian quality which can never be abrogated. And yet I have not the slightest doubt that the very business men who took the leading part in mobbing that doctor for being business-like, were men who sell furniture on the instalment plan, and when the party has paid half the price, but through sickness cannot complete the contract, take the furniture back and allow no rebate.

This all illustrates how it is engraved into the mind of the

public that medicine is a profession with a humanitarian foundation and can never be a trade unless we, the doctors, prostitute it to that low level. Are we going to do it? Are we going to allow even a few of our money getting doctors to do it, and thus smirch us all? I say, "Never!"

Having once relieved suffering and disability and placed the patient where he can again earn his living, and then demanding all the money which that patient can possibly earn for months to come, dispels somewhat the glamour of humanitarianism. The highly drawn pictures of old Doctor Maclure of the "Bonnie Briar Bush" may be idealistic, but it is none too high to serve as a pattern in this day of money getting. Imagine, if you can, Doctor Maclure receiving from the great London surgeon, Sir George, who came to operate upon Jamie's wife, Annie, a rebate or commission for calling him. If such methods were common in those days Barrie could never have written the book; nobody would have understood the character. Perhaps some caustic people may say it is equally impossible to imagine a great surgeon doing as did the London surgeon in the "Bonnie Briar Bush," who, when he learned from Dr. Maclure how poor was Jamie, tore up the check tendered him in payment. But there are many many surgeons even today who will allow no check to be tendered under like circumstances.

—*The Journal of the American Institute of Homeopathy.*

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## IMMUNITY AND THE HOMEOPATHIC LAW.\*

BY W. H. WATTERS, M. D., Boston.

Four years ago it was my privilege to present to this Society a paper upon "A Pathologist's View of Homeopathy." In this an attempt was made to explain how one not particularly interested in drug therapy might consider the theoretical grounds of homeopathy in the light of modern medical research.

Since that period many more advances have been made in scientific medicine. It accordingly seems appropriate to review the field anew and ascertain if possible whether any of these later discoveries bear in any way upon your specialty of homeopathy in a confirmatory or in a contradictory manner.

As before stated, homeopathy as a specialty is or has been characterised by five features :

1. The single remedy.
2. The proving of drugs.
3. The size of the dose.
4. The frequency of the repetition of the dose.
5. The law of cure.

Let us briefly examine each of these separately.

1. THE SINGLE REMEDY.—In drug therapy there is an undoubted continual trend away from polypharmacy of the olden days to more and more simple preparations. The belief is increasing that just as more combinations are introduced into a prescription just so in proportion does our knowledge of the action of the resultant mixture decrease. It is comparatively easy to ascertain the action of one drug or possibly of certain definite and simple combinations, but when the number is multiplied and the combinations indefinitely varied,

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\* Read before the American Institute of Homeopathy, July, 1914.

no human being can say exactly what the action will be. Will it be a mechanical mixture where each drug maintains its own properties, and if so will these properties all properly interact ; or will it be a chemical combination where all ingredients lose their own properties and a new substance is formed with new properties ? Who can tell ? The most modern form of polypharmacy introduced since the earlier paper was read is found in the "phylacogens" and "mixed vaccines." There is no reasonable doubt that in some instances their use has been followed by benefit. It is true, however, that the same or more benefit could have been secured by the properly selected single vaccine without recourse to the old "shot-gun" methods. Not only do homeopaths decry such agencies, but the strongest opposition comes from the *Journal of the American Medical Association*, where their use is proclaimed, and correctly, to be unscientific and based upon no tenable foundation.

If homeopathy has done nothing further than to bring about this change, which it is practically universally admitted to have done, its existence has been justified.

2. THE PROVING OF DRUGS.—Possibly if we spoke of the "testing" of drugs rather than the "proving" it might be more consistent with exact nomenclature and would certainly be more acceptable to outside physicians as well as more in accordance with modern verbiage. At the present time physicians of all schools unite in admitting the need of testing the action of drugs upon the living both in human and the lower animals. The extent to which the symptomatology is watched differentiates the various groups. Some watch and record organic lesions only ; others include objective phenomena ; others subjective ones and still others note the most minute physical or mental change even to the condition of the wind, the weather or the stage of the

moon. These are all quantitative differences, however. All unite in the basal idea, the need of drug study upon the healthy.

3. **THE SIZE OF THE DOSE.**—In this the homeopath is no longer at variance with the remainder of the medical world. No longer is the finger of scorn pointed at the "infinitesimal dose" of the average homeopathist, for behold those who but recently sat in the seats of the scornful are using that same much abused dosage and are even "out-Heroding Herod." Witness a recent article by Dr. S. Solis-Cohen, an eminent Philadelphia consultant, upon "When and How to Use Tuberculin Preparations in Private Practice."

The following was the author's modification of Latham's method: tuberculin residue (T. R.), with milk sugar, was given orally with skim milk, whey or beef juice. The initial dose, he said, was one one-millionth of a milligram (9x). Both subjective and objective symptoms of reaction were watched for. The dose was repeated once or twice weekly, according to result. It was gradually increased by increments of one one-millionth of a milligram to the reaction point, and then dropped one point lower, and so continued for some weeks. Later, a further increase was attempted, and if reaction was not shown, was repeated in a similar gradual way. The arbitrary increment of one one-millionth of a milligram was maintained during this remittent progression until one ten-thousandth of a milligram had been reached (5x). After that, the increment might be raised to one one-hundred-thousandth of a milligram. Thus by successive stages a maximum dose was attained at a point determined for each individual by all the factors in the case, including the rapidity of the increase, character and intensity of reaction and maintenance of tolerance, as well as the local and general signs of improvement.

The treatment was continued with intermissions, for many months, and may be resumed, if necessary, from time to time over a period of years."

As a slight digression, bear in mind the minute doses thus employed. Note his opinion concerning the selection of cases.

"Selection of cases. In the majority of advanced cases, according to present knowledge, tuberculin was likely to be harmful. Experienced observers might employ it cautiously under conditions that seemed to call for its use, but others should avoid it, especially in cases showing a tendency to continuous fever, or in which there was or had been recently, active softening. In the great bulk of early cases it was needless. Under proper treatment, medicinal as well as hygienic, recovery would take place without it.

Its field of action was in the treatment of cases which (1) had not passed beyond the stage of infiltration and which (2) had shown a certain degree of improvement under proper food, fresh air, judicious rest and exercise, and other approved measures, including the right drugs, but in which (3) improvement became sluggish or ceased, or retrogression took place. The slight additional stimulus afforded by an appropriate tuberculin preparation administered at well chosen times, and in correct dosage, would often reawaken the defensive and restorative processes of the organism and be followed by complete recovery."

It is true that even these doses may appear massive to our friends who adhere to the higher potencies. Let not the low potentists deride such prematurely, but taking a lesson from the experiences of the dominant school bear in mind that the fact because a thing is contrary to general belief or present understanding does not of necessity mean that it is fallacious.

(4) THE FREQUENCY OF REPETITION OF THE DOSE.—

The homeopathic principle is to repeat the dose when we think the action of the preceding one has begun to weaken or when we wish to obtain a cumulative action by frequently repeated minute doses. This ground is amply defended by and daily put into practice in the routine application of vaccine therapy. The attitude of the dominant school in this regard in treating chronic cases is well expressed in the article already referred to by Solis-Cohen, who repeats the oral administration of the drug once or twice a week, and by Latham, who allows intervals of one, two, three or even four weeks to intervene between.

5. THE LAW OF CURE—This is the vital point. Is the phrase *similia similibus curantur* in accord with modern ideas? Undoubtedly the study of the action of vaccines has given us a better understanding of homeopathic principles than has any other one work. Bacterial vaccines, toxic matter of dead bacteria, vegetable toxins, drugs really, have been subjected to laboratory and clinical study during recent years to a most extensive degree. At present their action is quite accurately known. The typhoid toxin, for instance, when present in the body in abundance is capable of producing a proliferation of endothelial cells in certain locations, which proliferation gives rise to a characteristic series of symptoms to which the name typhoid fever is given. A similar typhoid toxin in much smaller amount gives rise to opposing phenomena that prevent the activity of later infection from becoming effectual and so prevents the disease. This we call typhoid immunization. Again, after the large amount of toxin has given rise to characteristic symptoms, a small amount then administered is often followed by a remarkable subsidence of such. The first toxin causing the disease had its origin in living bacteria. The second used

in treatment was modified in the test tube and by heat, a *similia* rather than an *idem*. Similar facts might be adduced in other diseases, but time forbids. Another important action here briefly to consider is the action of X-rays.

Let any one first make a list of the disturbances that over-exposure to these may cause, such as eczema in its various forms, and all the varieties of skin lesions, even including cancer itself and other manifestations. Then let him compare his list with that which the X-ray in short exposures is able to cure, not even excluding cancer. The similarity of the two columns will be striking to even the most hurried glance, and well illustrates our contention that a substance in large amount is able to cause the same or a similar condition to that for which it is curative when used in a less concentrated form. Similarly certain exposures to sunlight act as aids to cure, particularly in tuberculosis. But over-exposure will produce aggravation. Such could also be said of foods, some stimulants and a number of other articles, or, to express it concretely, small amounts are beneficial, larger ones deleterious.

Of particular interest are the reports of one of the British Cancer Research Societies in regard to its work with radium. The report states that radium and other radio-active substances when properly exposed to plants, spores, etc., possess the power of stimulating all growth and activity if the exposure is brief. But when the period is lengthened shows exactly reverse powers, inhibiting growth and even producing death itself.

Several years ago, Wheeler in London, Burret in Ann Arbor and the speaker in Boston, performed a series of experiments tending to demonstrate that certain drugs possess the power of increasing the degree of immunity

against certain specific bacteria in a manner, identical to that exerted by vaccines.

Later, Mellon, of Ann Arbor, claimed to have produced other evidence of body reaction to drugs similar to that produced by toxins. This had reference to the appearance of a positive Widal reaction following the administration of Baptisia. This has recently been confirmed by Wheeler of London. Even more recently, Hooker, in Boston, has made extensive studies concerning the effect of drugs in producing immunity. The results of this work are to be presented to the Institute at this meeting and will, we believe, still further strengthen our position.

During the past year much work has been done by Conrad Wesselhœft, 2nd, in Boston, in a study of the effect of quinin upon the malarial organism. While not as yet fully completed, his results tend to show that quinin acts not as a direct parasiticide (as we have heretofore thought to be the case), but by stimulating the natural resisting forces of the body to greater activity in a manner closely allied to immunization.

During the past five years, then, nothing has been brought forward to confute the idea that the basic idea of homeopathy is immunity, while much new evidence has been introduced to prove it. The same answer can still be given to the question "What is Homeopathy?"

Homeopathy is the term given to a distinct method of using medicinal agents, a method that is based upon sound theories, and one that is yearly becoming more demonstrable by exact science. It is perfectly consistent with known facts and is probably merely a way of expressing the means employed in reaching the goal of all medicine, the production of immunity. Or, in other words, the production of immunity is the name given to the end attained, homeopathy to the

means of attaining it. This means, therefore, that the goal of all physicians is the same and the roads to it are very similar. In one, drugs are recognized as important (possibly by some, too important), in the other hygienic measures inclusively, drugs being practically discarded. Where lies the truth? As usual, somewhere between the two. In the past it is possible that some of our associates, in their ardent and continuous study of the drug immunization, have lost sight of what we might call hygienic immunization. If such has been the case it has been most unfortunate and unwise. It has been, I believe, very limited, however. In the future, bearing in mind the frequent opportunities for error in details in all human affairs, let us press onward with the sincere belief that from year to year as our knowledge increases, a clearer understanding of the phenomena of cure will positively be ours and with it a more comprehensive interpretation of our motto *similia similibus curantur*.

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### CONVULSIONS IN CHILDREN.

BY THEODORE A. WILLIS, B. S., M. D., CLEAR  
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In presenting a paper on *convulsions* I realize that I am dealing not with a specific disease or pathological condition, but rather with a symptom of some such disease or condition; a symptom, in fact, common to most of the diseases of infancy and childhood. At the same time it is a symptom of such importance and productive of such anxiety on the part of the observers as to deserve individual attention and to require symptomatic treatment during its occurrence.

Dorland defines a convulsion as "a violent involuntary contraction or series of contractions of the voluntary muscles."

In order to have a convulsion, then, we must have voluntary muscles that are capable of contraction ; we must have intact nerve connections capable of transmitting impulses to these muscles ; we must have the impulse to be transmitted ; and finally we must have these functions occurring involuntarily.

When we consider the nervous systems of the body we find that there are in the central nervous system so-called nerve centers which serve as central exchanges between the afferent or sensory nerves and the efferent or motor nerves. Impulses are carried to these centers from every part of the periphery and from every organ of the body by the sensory nerves and the closely interwoven sympathetic filaments. The nerve centers transform the impulses into motor impulses which the efferent nerves carry to the muscles inducing the muscle contractions. Normally these afferent impulses are occurring constantly. The occurrence of muscle activity, however, depends not alone on the existence of afferent impulses, but these impulses must be of such a character and strength as to win the approval of a certain controlling part of the cortical center which exerts an inhibitory action over the motor centers. It is for this reason that our bodies are not in a state of incessant muscular activity.,

In order to produce a voluntary contraction of muscle, then, we have an impulse coming from somewhere, transmitted to the nerve center by the afferent neurons and from there to the muscles over the efferent neurons. A convulsive contraction is simply an exaggeration of the voluntary, the nerve centre discharging the impulse with excessive violence due either to an over-stimulation from the afferent neuron, to a hyper-excitability of the nerve center itself, or to under-inhibition by the controlling center. Moreover we find that in the infant and young child the nervous system is normally in a state of more or less exalted excitability also

that at this age the inhibitory center is in a rudimentary or undeveloped stage. Therefore we must expect an easy convulsibility at this age.

Diagrammatically we may represent the physiology of a convulsion in this way : Let (N) represent the nerve center. Here we have the impulse (I) coming over the sensory nerve from *somewhere*. Here the controlling center (C) and here the motor neuron reaching to the muscles (M)

Now let *somewhere* be *anywhere*. For instance an erupting tooth, an irritable stomach or a rectum full of worms, sending a constant succession of complaints to the nerve centers. The undeveloped inhibitory center of infancy loses its control and there are a series of motor impulses discharged with excessive violence, resulting in a series of violent involuntary contractions of the voluntary muscles.

Second, let (C) be the inhibitory part of a cortical nerve center, rendering the motor centers more stable and less liable to part with their energy. Now imagine an increased cerebral pressure due to a febrile hyperemia, hydrocephalus, or intra-cranial inflammatory condition. There is an interference with the inhibitory function of the center, and we find the normal afferent impulses resulting in convulsive responses.

Third, let (N) be a nerve centre in an over-excitabile condition due to defective nutrition, toxemic conditions, or to an organic disease, and once more we find the normal afferent impulses discharged with explosive force, especially so if the end plates and muscles are likewise in an irritable condition.

A convulsion is not apt to be mistaken for anything else, especially in the infant or young child, where the art of malingering is inexpert. In the older patient the dilated pupils, the absence of the reflexes, the inco-ordinated movements and the history of the case are diagnostic.

The diagnosis is of little value, however, until we have ascertained the underlying or causative condition. Nor can we sooner institute more than an intelligent palliative treatment. We must know whether a convulsion is idiopathic or symptomatic ; a reflex irritation or an organic central lesion ; a toxemic eclampsia or an eclampsia of malnutrition.

Statistics tell us that convulsions in infancy are more apt to be idiopathic, due to cerebral pressure or to gastric, or dental irritation ; in childhood meningitic, febrile or traumatic ; and later epileptic. Thus the age of the patient may be of aid in our search for the causative factor, as will a complete history of the case, in other words, the old reliable totality of symptoms which is the beginning and the end of all intelligent diagnosis and treatment.

For the safety of the patient, as well as for the peace of mind of the attendants, there must be prompt protection and palliation of the seizure, and while we are delving into the origin of the case we can do a great deal with this object in view. Thus a high temperature will often respond to hydrotherapeutic measures such as cool packs, sponges and baths. A cerebral hyperemia can be reduced by immersion in a warm bath with cool applications to the head or by the use of various depressant drugs. Trousseau recommends compression of one or both of the carotids opposite the thyroid cartilage in all cases of eclampsia until the attack is relieved. When the face becomes cyanotic the pressure is released, to be repeated in 15 to 30 minutes if necessary.

Many sources of reflex irritation may be immediately identified and relieved. I once brought to an abrupt termination a severe and rapid succession of convulsions by relieving a complaining stomach of a pint or more of plums—skins, stones, and all by the apomorphia route. The same agent has as quickly cleared up for me two cases of malingering.

One a young man and the other a school girl who was apt to have "fits" when disciplined. The latter I think is a permanent cure.

The greater number of convulsions must depend for their curative treatment entirely upon the intervals between attacks, and here we must use every effort and every available aid in getting at the very bottom of the case, for we can expect but little success until we do. If there is a toxemia we must hunt for its source rather than depend upon any system of gut scraping and kidney flushing for its palliation. If there is malnutrition we must know whether the fault lies in the food supply, the digestion, the absorption or the assimilation.

A number of the conditions responsible for convulsions are peculiar in that they are not apt to get better "in spite of the treatment" as so many things do, and only through a thorough understanding of the case can we hope to restore the patient to perfect health, and until we acquire such an understanding we are doomed to failure and disappointment.

In summary I submit that a convulsion is really no more than a manifestation common to various disturbances. That it is more apt to occur in extreme youth, owing to the normally exalted nervous excitability and lack of inhibitory control at this age. And that though the severity of a seizure may require special alleviation, the intelligent curative treatment implies the discovery and intelligent treatment of the basic condition upon which the convulsion depends for its existence and which may be found under practically any subject in a complete and unexpurgated pathology.

—*The New England Medical Gazette.*

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